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Appendix A
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DJS Strategic Plan

DEPARTMENT OF JUVENILE SERVICES
STRATEGIC PLAN

- Vision** *Every child under DJS supervision will become a self-sufficient, productive adult.*
- Mission** *The Department of Juvenile Services embraces a holistic and family-focused approach to the juvenile justice system. This philosophy is interpreted through a wide range of appropriate and constructive wraparound services for youth that balances their individual qualities, needs, and aspirations with their accountability to the community. Without sacrificing public safety, DJS provides these services in the least restrictive manner possible and in a way that is both fair and impartial. Through linkages with other child-serving agencies and organizations, DJS supports a seamless system of programs and opportunities for the youth in its care.*
- Guiding Principles**
- 1. Public safety is best ensured by successfully addressing youth needs.*
 - 2. Youth success depends on insuring youth accountability.*
 - 3. DJS makes fair decisions based on scientifically valid instruments.*
 - 4. Professional staff and efficient business processes are essential to youth success.*
 - 5. Collaboration is essential to achieving the Departments Goals.*

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STRATEGIC PLAN

Goal 1: DJS serves youth in the least restrictive and most appropriate environment.

Objective 1.1: *Regionalize Detention*

- Detained youth will be served in their home region.

Strategy Enhance regional detention alternative programming by procuring services.

Strategy Develop regional community programming and support through communication and collaboration with other state/local/community organizations including legislature and judiciary.

Strategy Operate state of the art secure detention facilities in all DJS regions.
In developing a new Master Facilities Plan, (Due January 2006), the Department will analyze past, current, and future population trends to ensure sufficient and modern detention capacity exists in each region.

- ❖ **Performance Measure:** Percentage of youth are detained or placed in detention alternatives in the same region as home address.

Objective 1.2: *Develop and increase use of Detention Alternatives*

- Youth will be placed in detention alternatives as an alternative to secure detention programming.

Strategy Implement regionalized wrap-around services in 2 regions (Montgomery County and City of Baltimore) in FY 2005. Review and analyze this pilot to develop statewide model.

Strategy Increase Community Detention capacity to 700 by July 2005.

Strategy Increase regional shelter care capacity to use as detention alternative.

Strategy Develop regional evening reporting centers.

Strategy Collaborate with state/local/community organizations including legislature and judiciary to develop and support community based detention alternatives.

Strategy Collaborate with, and provide expertise to Subcabinet to enhance prevention and diversion programming.

Strategy Work with GOCCP and local management boards to evaluate and coordinate Youth Strategies Initiative programming.

- ❖ **Performance Measure:** Number and percent of youth placed in detention alternatives.
- ❖ **Performance Measure:** Number and percent of youth securely detained.

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Objective 1.3: *Reduce Minority Over-Representation through Fair Decision-making*

- DJS detention, case forwarding, and placement decisions and recommendations will be made according to validated instruments.

- Strategy** Collaborate with GOCCP and other State and Local agencies to quantify and develop solutions to DMR.
 - Strategy** Use Detention Risk Assessment Instrument (RAI) for Detention Decisions statewide by December 2004.
 - Strategy** Refine and automate use of validated Risk/Needs screening tool for all DJS case forwarding decisions by December 2004.
 - Strategy** Implement Classification and Placement Instrument to determine supervision levels and to make all placement decisions by June 2005, with validation by July 2006.
- ❖ **Performance Measure:** Rate of Minority representation of youth in detention and committed placements in proportion to expected population.
 - ❖ **Performance Measure:** Number of FTA's and re-arrests of non-detained youth prior to adjudication.
 - ❖ **Performance Measure:** Percentage of detention recommendations made according to RAI.
 - ❖ **Performance Measure:** Percentage of Classification and Placement recommendations made according to a validated instrument.

Objective 1.4: *Regionalize Committed Placements*

-Committed DJS youth will be served in their home region.

-Regional detention and committed facilities will house no more than 48 youth.

- Strategy** In developing a new Master Facilities Plan that is due January 2006 the Department will analyze past, current, and future population trends to determine what secure programming should be regionalized, and which should be provided on a statewide level.
 - Strategy** Use existing facilities by developing committed programming segregated from other populations, esp. Detention.
 - Strategy** Enhance regional DJS programming by procuring services.
 - Strategy** Implement regionalized wrap-around services in 2 regions (Montgomery and Baltimore) in FY 2005. Review and analyze this pilot to develop statewide model.
 - Strategy** Analyze current contracted services to identify regional inequities.
- ❖ **Performance Measure:** Percentage of committed youth in residential placements in their home area.

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Objective 1.5: *Develop Alternatives to Secure Placements*

-DJS youth will be placed in highly effective non-residential placements.

Strategy Re-direct contracts to more effective community-based per-diem programs.

Strategy Maximize use of currently procured non-residential programs.

Strategy Develop and Procure more regional wrap-around services for committed youth.

Strategy Identify gap funding for transition between secure and new non-residential programming.

Strategy Place fewer youth, for shorter periods, in "deeper end" Per Diem placements and make best use of less-secure programming.

Strategy Communicate and collaborate with other state/local/community organizations including legislature and courts to encourage development and use of non-residential services, and to use graduated sanctioning approach.

❖ **Performance Measure:** Percentage of DJS contracted service dollars in non-residential services.

❖ **Performance Measure:** Percentage of DJS committed youth in non-residential placements.

Goal 2: DJS provides services that meet the needs of youth.

Objective 2.1 *Reduce Pending Placement Population*

- The monthly average number of youth pending placement will be 30.

Strategy Identify a facility to house Area I Pending Placement youth after July 1, 2004.

Strategy Analyze current and upcoming Pending Placement population to identify youth appropriate for new committed programming at Hickey starting July 2004.

Strategy Identify, through the Facilities Master Plan, regional facilities for youth pending placement to ensure youth are housed in home area.

Strategy Increase availability and use of Community Detention for pending Placement youth.

Strategy Continue to refine placement and Confinement Review processes to reduce length of time youth are pending placement.

Strategy Increase treatment programming availability both at Hickey and in community programming for youth currently pending placement for such programming.

Strategy Redirect funding from Pending Placement units to community-based programming.

❖ **Performance Measure:** Average Pending Placement population.

❖ **Performance Measure:** ALOS for Youth Pending Placement.

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Objective 2.2: *Connect Youth with Needed Services.*

- DJS youth will receive services based on the results of their intake screens, stage two assessments, or clinical evaluations.

- Strategy** Develop and track Treatment Service Plan (TSP) for each youth under formal supervision.
- Strategy** Provide quality health services to all DJS youth in residential facilities.
- Strategy** Ensure DJS youth receive quality education by collaborating with MSDE and local school system.
- Strategy** Youth placed in DJS facilities who screen positive on intake screening will be assessed, and clinical evaluations provided where indicated.
- Strategy** Youth placed in the community who screen positive on intake screening will be referred to assessments and clinical evaluations where indicated.
- Strategy** Ensure that mental Health and Substance Abuse services are provided based on youth assessments.

❖ **Performance Measure:** Recidivism rates for youth leaving committed care.

Objective 2.3: *Gender and Language-Specific Programming*

- DJS will establish policies and programming to meet the needs of females, and youth with low English language proficiency.

- Strategy** Finalize Gender-Specific programming recommendations.
- Strategy** The Department will analyze past, current, and future female population trends to make recommendations for regional alternatives to Waxter placements in developing a new Master Facilities Plan that is due January 2006.
- Strategy** Implement policies and procedures to identify and provide appropriate services to youth with Low English Proficiency.
- Strategy** Enhance local management staff capacity for effective interaction with LMBs and other community entities with support, training and information. (*e.g.* youth with special ed, needs not being met by local schools., mental health needs, etc.)

- ❖ **Performance Measure:** Percent decrease in the number of female youth committed to out-of-home placements.
- ❖ **Performance Measure:** Percentage increase in the number of gender-specific regional programs developed for female.
- ❖ **Performance Measure:** Percent increase in the number of limited English language proficiency regional services developed.

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Objective 2.4: Youth Accountability and Development

- Youth are held accountable for their offenses.

- Strategy** Ensure payment of restitution owed by youth.
- Strategy** Ensure social restitution/community service work.
- Strategy** Increase graduated sanction programming and use of probation as sanction.
- Strategy** Increase the number of volunteers, mentors and Foster Grandparents through marketing and recruiting and training, and apply for National Service Corporation funds to support the programs.

- ❖ **Performance Measure:** Number of youth on Graduated Sanctions or Probation.
- ❖ **Performance Measure:** Percent of owed restitution made.

Goal 3: Youth are served in state of the art DJS facilities, and by efficient and effective programs and staff.

Objective 3.1: Youth are Safe in DJS Facilities and Programs.

- Reduce major incidents involving youth injury.

- Strategy** Refine uniform practices and standards for the treatment of children in committed residential facilities.
- Strategy** Establish and enforce policies for levels of graduated consequences for youth incidents and rewards for youth achievement.
- Strategy** Ensure that all incidents are recorded accurately and timely.
- Strategy** Develop an inter-office workgroup to analyze incident and monitoring data and make recommendations.
- Strategy** Ensure appropriate staff training.

- ❖ **Performance Measure:** Number of major youth injury Incidents.
- ❖ **Performance Measure:** Percent of shifts where staff coverage is less than standards indicate.
- ❖ **Performance Measure:** Percent of youth leaving DJS facilities not re-adjudicated within 1 year.

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Objective 3.2: *Effective Aftercare and Community Supervision*

- Fully implement the Community Supervision Strategy Model.

Strategy Evaluate success of Model Pilots in Anne Arundel and Caroline counties and work to implement statewide by July 2006.

Strategy Expand availability of Intensive Aftercare Program to youth statewide who score "High" or "Intensive" on Classification assessment.

Strategy Pursue federal "Re-entry" funding, to expand aftercare programming to include specialized education services.

- ❖ **Performance Measure:** Percentage of youth who score "high" or "intensive" on the classification assessment who are in Intensive Aftercare.
- ❖ **Performance Measure:** Percentage of youth who meet 80% of the compliance requirements specified in their Treatment Service Plans.
- ❖ **Performance Measure:** Percent decrease in number of youth committed to out-of-home placements.
- ❖ **Performance Measure:** Recidivism rates for youth.

Objective 3.3: *"Professional Staff"*

- DJS residential and community direct care staff are well-trained and comply with state professional standards

Strategy Ensure funding for staffing levels that are appropriate for residential and community supervision, in both number and grade of staff.

Strategy Provide training and other staff development to ensure professionalism and competency.

Strategy Management Reforms ensure efficiency and effectiveness of programs and staff.

- ❖ **Performance Measure:** Percent of staff with MCTC certification.
- ❖ **Performance Measure:** Staffing ratios compared to certain standards.
- ❖ **Performance Measure:** Percent of procurement of youth services agreements that include outcome performance measures.

Appendix B
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Detailed Population Trends

Table B.1. Maryland Population, 2000-2003

County/Area	2000 Total Population (July 1, 2000)	2001 Total Population (July 1, 2001)	Percent Change, 2000-2001	2002 Total Population (July 1, 2002)	Percent Change, 2001-2002	2003 Total Population (July 1, 2003)	Percent Change, 2002-2003	Percent Change, 2000-2003
Baltimore City	648,557	645,305	-0.5014%	636,479	-1.3677%	628,670	-1.2269%	-3.07%
Area 1 Total	648,557	645,305	-0.5014%	636,479	-1.3677%	628,670	-1.2269%	-3.07%
Baltimore County	755,917	762,728	0.9010%	769,832	0.9314%	777,184	0.9550%	2.81%
Carroll County	151,612	154,669	2.0163%	159,279	2.9806%	163,207	2.4661%	7.65%
Harford County	219,491	222,674	1.4502%	227,325	2.0887%	232,175	2.1335%	5.78%
Howard County	249,567	255,529	2.3889%	260,206	1.8303%	264,265	1.5599%	5.89%
Area 2 Total	1,376,587	1,395,600	1.3812%	1,416,642	1.5077%	1,436,831	1.4251%	4.38%
Allegany County	74,806	74,404	-0.5374%	74,041	-0.4879%	73,668	-0.5038%	-1.52%
Frederick County	196,595	202,527	3.0174%	209,263	3.3260%	213,662	2.1021%	8.68%
Garrett County	29,831	29,803	-0.0939%	29,934	0.4396%	30,049	0.3842%	0.73%
Montgomery County	877,781	894,449	1.8989%	908,831	1.6079%	918,881	1.1058%	4.68%
Washington County	132,112	132,947	0.6320%	134,672	1.2975%	136,796	1.5772%	3.55%
Area 3 Total	1,311,125	1,334,130	1.7546%	1,356,741	1.6948%	1,373,056	1.2025%	4.72%
Caroline County	29,853	30,023	0.5695%	30,316	0.9759%	30,861	1.7977%	3.38%
Cecil County	86,468	88,358	2.1858%	90,319	2.2194%	92,746	2.6871%	7.26%
Dorchester County	30,597	30,609	0.0392%	30,596	-0.0425%	30,612	0.0523%	0.05%
Kent County	19,278	19,423	0.7522%	19,596	0.8907%	19,680	0.4287%	2.09%
Queen Anne's County	40,772	41,456	1.6776%	42,817	3.2830%	44,108	3.0152%	8.18%
Somerset County	24,730	25,248	2.0946%	25,475	0.8991%	25,447	-0.1099%	2.90%
Talbot County	33,902	34,084	0.5368%	34,331	0.7247%	34,670	0.9874%	2.27%
Wicomico County	84,883	85,356	0.5572%	86,084	0.8529%	87,375	1.4997%	2.94%
Worcester County	46,762	47,823	2.2689%	48,768	1.9760%	49,604	1.7142%	6.08%
Area 4 Total	397,245	402,380	1.2927%	408,302	1.4717%	415,103	1.6657%	4.50%
Anne Arundel County	491,383	497,383	1.2210%	503,038	1.1370%	506,620	0.7121%	3.10%
Calvert County	75,191	77,694	3.3289%	80,953	4.1947%	84,110	3.8998%	11.86%
Charles County	121,281	125,173	3.2091%	128,854	2.9407%	133,049	3.2556%	9.70%
Prince George's County	803,649	818,119	1.8005%	829,372	1.3755%	838,716	1.1266%	4.36%
St. Mary's County	86,513	87,593	1.2484%	90,144	2.9123%	92,754	2.8954%	7.21%
Area 5 Total	1,578,017	1,605,962	1.7709%	1,632,361	1.6438%	1,655,249	1.4021%	4.89%
MARYLAND (State)	*5,311,531	5,383,377	1.3526%	5,450,525	1.2473%	5,508,909	1.0712%	3.72%

*2000 total population slightly higher than number provided in preceding paragraph due to July 1 (rather than full year) estimate.

SOURCE: U.S. Census Bureau, Census 2000.

TABLE B.2. 2004 Total Population Projections
 Prepared by Maryland Department of Planning

	2000	2005	Pop change, 2000-2005	% change, 2000-2005	2010	Pop change, 2005-2010	% change, 2005-2010	2015	Pop change, 2010-2015	% change, 2010-2015	2020	Pop change, 2015-2020	% change, 2015-2020	2025	Pop change, 2020-2025	% change, 2020-2025	2030	Pop change, 2025-2030	% change, 2025-2030	Pop change, 2000-2030	% change, 2000-2030	
Area 1																						
Baltimore City	651154	627497	-23657	-3.63%	632098	4601	0.73%	635551	3453	0.55%	637202	1651	0.26%	639700	2498	0.39%	641352	1652	0.26%	-9802	-1.51%	
Area 1	651154	627497	-23657	-3.63%	632098	4601	0.73%	635551	3453	0.55%	637202	1651	0.26%	639700	2498	0.39%	641352	1652	0.26%	-9802	-1.51%	
Area 2																						
Baltimore Co.	754292	786652	32360	4.29%	804700	18048	2.29%	821001	16301	2.03%	826701	5700	0.69%	829904	3203	0.39%	834496	4592	0.55%	80204	10.63%	
Carroll Co.	150897	169496	18599	12.33%	179698	10202	6.02%	187050	7352	4.09%	191900	4850	2.59%	194149	2249	1.17%	193201	-948	-0.49%	42304	28.04%	
Harford Co.	218590	237900	19310	8.83%	257799	19899	8.36%	271405	13606	5.28%	279705	8300	3.06%	286151	6446	2.30%	293499	7348	2.57%	74909	34.27%	
Howard Co.	247842	273401	25559	10.31%	293799	20398	7.46%	308101	14302	4.87%	318701	10600	3.44%	319501	800	0.25%	320000	499	0.16%	72158	29.11%	
AREA 2 TOTAL	1371621	1467449	23957	8.94%	1535996	17137	6.03%	1587557	12890	4.07%	1617007	7363	2.45%	1629705	3175	1.03%	1641196	2873	0.70%	67394	25.51%	
Area 3																						
Allegany Co.	74930	73250	-1680	-2.24%	72952	-298	-0.41%	72497	-455	-0.62%	71945	-552	-0.76%	71200	-745	-1.04%	70298	-902	-1.27%	-4632	-6.18%	
Frederick Co.	195277	219203	23926	12.25%	239702	20499	9.35%	259998	20296	8.47%	281901	21903	8.42%	299601	17700	6.28%	324601	25000	8.34%	129324	66.23%	
Garrett Co.	29846	30103	257	0.86%	30902	799	2.65%	31504	602	1.95%	32099	595	1.89%	32600	501	1.56%	33102	502	1.54%	3256	10.91%	
Montgomery Co.	873341	941999	68658	7.86%	999998	57999	6.16%	1040000	40002	4.00%	1070001	30001	2.88%	1090000	19999	1.87%	1100002	10002	0.92%	226661	25.95%	
Washington Co.	131923	139646	7723	5.85%	144201	4555	3.26%	148804	4603	3.19%	152748	3944	2.65%	156002	3254	2.13%	158551	2549	1.63%	26628	20.18%	
AREA 3 TOTAL	1305317	1404201	19777	4.92%	1487755	16711	4.20%	1552803	13010	3.40%	1608694	11178	3.02%	1649403	8142	2.16%	1686554	7430	2.23%	76247	23.42%	
Area 4																						
Caroline Co.	29772	31296	1524	5.12%	32400	1104	3.53%	33352	952	2.94%	34198	846	2.54%	34951	753	2.20%	35553	602	1.72%	5781	19.42%	
Cecil Co.	85951	95651	9700	11.29%	101194	5543	5.80%	106599	5405	5.34%	111454	4855	4.55%	115653	4199	3.77%	119151	3498	3.02%	33200	38.63%	
Dorchester Co.	30674	31100	426	1.39%	31601	501	1.61%	31951	350	1.11%	32153	202	0.63%	32249	96	0.30%	32347	98	0.30%	1673	5.45%	
Kent Co.	19197	20297	1100	5.73%	21400	1103	5.43%	21951	551	2.57%	22299	348	1.59%	22498	199	0.89%	22603	105	0.47%	3406	17.74%	
Queen Anne's Co.	40563	45649	5086	12.54%	49597	3948	8.65%	53552	3955	7.97%	56951	3399	6.35%	59198	2247	3.95%	60998	1800	3.04%	20435	50.38%	
Somerset Co.	24747	25497	750	3.03%	26300	803	3.15%	26800	500	1.90%	27200	400	1.49%	27501	301	1.11%	27702	201	0.73%	2955	11.94%	

TABLE B.2. 2004 Total Population Projections
 Prepared by Maryland Department of Planning

	2000	2005	Pop change, 2000- 2005	% change, 2000- 2005	2010	Pop change, 2005- 2010	% change, 2005- 2010	2015	Pop change, 2010- 2015	% change, 2010- 2015	2020	Pop change, 2015- 2020	% change, 2015- 2020	2025	Pop change, 2020- 2025	% change, 2020- 2025	2030	Pop change, 2025- 2030	% change, 2025- 2030	Pop change, 2000- 2030	% change, 2000- 2030
Talbot Co.	33812	35498	1686	4.99%	36994	1496	4.21%	37900	906	2.45%	38745	845	2.23%	39498	753	1.94%	40151	653	1.65%	6339	18.75%
Wicomico Co.	84644	88902	4258	5.03%	94496	5594	6.29%	99354	4858	5.14%	103300	3946	3.97%	106998	3698	3.58%	110350	3352	3.13%	25706	30.37%
Worcester Co.	46543	51305	4762	10.23%	53950	2645	5.16%	55903	1953	3.62%	57551	1648	2.95%	58751	1200	2.09%	59797	1046	1.78%	13254	28.48%
AREA 4 TOTAL	395903	425195	3255	6.59%	447932	2526	4.87%	467362	2159	3.67%	483851	1832	2.92%	497297	1494	2.20%	508652	1262	1.76%	12528	24.57%
Area 5																					
Anne Arundel Co.	489656	513651	23995	4.90%	528900	15249	2.97%	541249	12349	2.33%	551197	9948	1.84%	561456	10259	1.86%	565000	3544	0.63%	75344	15.39%
Calvert Co.	74563	88352	13789	18.49%	93750	5398	6.11%	97102	3352	3.58%	100454	3352	3.45%	103752	3298	3.28%	106750	2998	2.89%	32187	43.17%
Charles Co.	120546	138497	17951	14.89%	152251	13754	9.93%	168151	15900	10.44%	184049	15898	9.45%	195051	11002	5.98%	206049	10998	5.64%	85503	70.93%
Prince George's Co.	801515	850147	48632	6.07%	874699	24552	2.89%	901249	26550	3.04%	925804	24555	2.72%	945600	19796	2.14%	961349	15749	1.67%	159834	19.94%
St. Mary's Co.	86211	95503	9292	10.78%	102698	7195	7.53%	109803	7105	6.92%	116701	6898	6.28%	123299	6598	5.65%	129499	6200	5.03%	43288	50.21%
AREA 5 TOTAL	1572491	1686150	22732	11.03%	1752298	13230	5.89%	1817554	13051	5.26%	1878205	12130	4.75%	1929158	10191	3.78%	1968647	7898	3.17%	79231	39.93%
State of Maryland	5296486	5610492	314006	5.93%	5856079	245587	4.38%	6060827	204748	3.50%	6224959	164132	2.71%	6345263	120304	1.93%	6446401	101138	1.59%	1149915	21.71%

**Table B.3. Projected Change in MD Youth
Population (Age 0-19) 2000-2020**

	Total Youth Population	Population Change, 2000-2020				
	2000	2005	2010	2015	2020	
Baltimore City	183207	172365	168921	165732	167435	-8.61%
Area 1	183207	172365	168921	165732	167435	-8.61%
Baltimore Co.	197692	204351	199688	197658	197951	0.13%
Carroll Co.	45623	50485	51553	51691	51751	13.43%
Harford Co.	65821	69353	71887	73579	74823	13.68%
Howard Co.	74085	81154	83072	82389	82981	12.01%
Area 2	383221	405343	406200	405317	407506	6.34%
Allegany Co.	18067	17145	16388	15759	15321	-15.20%
Frederick Co.	58685	65416	68906	72606	78104	33.09%
Garrett Co.	8311	7843	7657	7419	7301	-12.15%
Montgomery Co.	238213	254543	256757	259593	265644	11.52%
Washington Co.	33934	35465	35567	35642	35898	5.79%
Area 3	357210	380412	385275	391019	402268	12.61%
Caroline Co.	8694	8705	8620	8611	8838	1.66%
Cecil Co.	25744	28067	28674	28999	29922	16.23%
Dorchester Co.	7787	7533	7299	7158	7221	-7.27%
Kent Co.	4697	4722	4570	4420	4465	-4.94%
Queen Anne's Co.	11144	12124	12613	13297	13967	25.33%
Somerset Co.	5806	6023	6188	5995	5942	2.34%
Talbot Co.	7929	7905	7675	7545	7633	-3.73%
Wicomico Co.	24156	24792	25610	26273	27191	12.56%
Worcester Co.	10394	10663	10640	10642	11028	6.10%
Area 4	106351	110534	111889	112940	116207	9.27%
Anne Arundel Co.	135492	138479	136010	134084	133532	-1.45%
Calvert Co.	23800	27461	27713	26959	26975	13.34%
Charles Co.	37728	42008	43882	47033	50937	35.01%
Prince George's Co.	239336	251293	250034	244930	248230	3.72%
St. Mary's Co.	26620	28258	28725	29691	31557	18.55%
Area 5	462976	487499	486364	482697	491231	6.10%
State of Maryland	1492965	1556153	1558649	1557705	1584647	6.14%

SOURCE: Maryland Department of Planning Data, 2004 Total Population
Projections by Age, Sex and Race (9/24/04) May 17, 2004

Table B.4

Race Data by County and Area. Source: Source: Census 2000 Redistricting Data (Public Law 94-171) American Fact finder tables

County	White Population, 2000	Black Population, 2000	American Indian Population, 2000	Asian Population, 2000	Hawaiian, Pacific Islander Population, 2000	Multiple (2 or more) Race Population, 2000	Hispanic Population, 2000	White Population, 2001	Black Population, 2001	American Indian Population, 2001	Asian Population, 2001	Hawaiian, Pacific Islander Population, 2001	Multiple (2 or more) Race Population, 2001	Hispanic Population, 2001	White Population, 2002	Black Population, 2002	American Indian Population, 2002	Asian Population, 2002	Hawaiian, Pacific Islander Population, 2002	Multiple (2 or more) Race Population, 2002	Hispanic Population, 2002	White Population, 2003	Black Population, 2003	American Indian Population, 2003	Asian Population, 2003	Hawaiian, Pacific Islander Population, 2003	Multiple (2 or more) Race Population, 2003	Hispanic Population, 2003
Baltimore city	205982	418951	2097	9985	222	9554	11061	207986	418026	2182	10336	308	6467	11368	204176	412949	2181	10327	318	6528	11564	201180	408077	2145	10334	311	6623	11621
Area 1 Total	205982	418951	2097	9985	222	9554	11061	207986	418026	2182	10336	308	6467	11368	204176	412949	2181	10327	318	6528	11564	201180	408077	2145	10334	311	6623	11621
Baltimore County	561132	151600	1923	23947	242	10763	13774	566646	160367	1989	25506	258	7962	14185	566626	166042	2013	26538	280	8333	14659	567126	171398	2040	27630	287	8703	15360
Carroll County	144399	3433	330	1134	28	1102	1489	148504	3593	354	1342	12	864	1530	152655	3749	370	1549	18	938	1695	156144	3910	362	1783	28	980	1848
Harford County	189678	20260	498	3313	129	3212	4169	194769	20852	518	3528	172	2835	4028	198623	21374	525	3642	184	2977	4040	202255	22283	548	3760	188	3141	4180
Howard County	184215	35730	583	19037	87	5435	7490	191303	37068	594	21873	110	4581	7890	193564	37304	620	23757	115	4846	8278	194950	37846	634	25589	120	5126	8774
Area 2 Total		211023	3334	47431	486	20512	26922	1101222	221880	3455	52249	552	16242	27633	1111468	228469	3528	55486	597	17094	28672	1120475	235437	3584	58762	623	17950	30162
Allegany County	69702	4006	114	390	19	559	571	69587	3935	121	385	9	367	581	69285	3918	104	351	9	374	546	68899	3914	107	359	10	379	564
Frederick County	174432	12429	404	3269	61	2876	4664	182794	13017	434	3654	73	2555	5116	188633	13331	455	4014	84	2746	5591	191859	13703	479	4550	97	2974	6179
Garrett County	29496	128	22	57	7	110	131	29498	157	13	68	0	67	128	29632	157	15	69	1	60	125	29747	156	14	70	1	61	128
Montgomery County	565719	132256	2544	98651	412	30117	100604	627864	137891	3261	107892	576	16965	106564	636144	137592	3276	113560	597	17662	110711	641506	137164	3335	117946	632	18298	113384
Washington County	118348	10247	239	1050	55	1373	1570	119964	10445	255	1148	67	1068	1576	121480	10648	245	1126	57	1116	1666	123259	10910	244	1149	65	1169	1757
Area 3 Total		159066	3323	103417	554	35035	107540	1029707	165445	4084	113147	725	21022	113965	1045174	165646	4095	119120	748	21958	118639	1055270	165847	4179	124074	805	22881	122012
Caroline County	24322	4398	110	163	5	398	789	25133	4330	156	180	9	215	853	25563	4184	163	176	10	220	905	26096	4181	177	157	10	240	947
Cecil County	80272	3361	280	593	25	990	1306	83347	3392	286	616	3	714	1322	85252	3355	291	664	7	750	1379	87609	3393	293	667	8	776	1397
Dorchester County	21302	8708	70	202	1	272	385	21563	8604	74	270	0	98	394	21651	8508	70	264	0	103	417	21859	8320	70	261	0	102	422
Kent County	15288	3343	28	103	9	227	546	15962	3220	38	127	7	69	566	16181	3158	39	134	8	76	541	16352	3053	41	153	8	73	509
Queen Anne's County	36120	3560	90	232	10	378	444	37213	3614	99	267	8	255	413	38605	3504	111	303	8	286	387	39910	3431	119	331	6	311	424
Somerset County	13949	10172	92	116	4	296	334	14199	10643	112	142	2	150	355	14535	10496	114	161	3	166	365	14651	10336	111	174	2	173	380
Talbot County	27720	5193	60	270	45	265	615	28362	5222	71	223	91	115	683	28717	5125	70	206	90	123	672	29116	5027	73	229	92	133	714
Wicomico County	61438	19717	185	1478	18	1130	1842	62987	19909	197	1509	21	733	1863	63716	19861	197	1533	17	760	1846	64787	19963	198	1618	15	794	1882
Worcester County	37791	7754	86	282	9	451	596	39626	7547	97	304	5	244	632	40733	7390	97	285	6	257	648	41704	7195	108	312	3	282	697
Area 4 Total		66206	1001	3439	126	4407	6857	328392	66481	1130	3638	146	2593	7081	334953	65581	1152	3726	149	2741	7160	342084	64899	1190	3902	144	2884	7372
Anne Arundel County	397789	66428	1455	11225	310	8285	12902	408916	67457	1490	12135	371	7014	13175	413653	67757	1524	12464	391	7249	13484	417078	67529	1547	12589	398	7479	13457
Calvert County	62578	9773	220	655	21	948	1135	66067	9896	216	695	5	815	1223	69118	9998	217	745	6	869	1311	71985	10133	223	835	5	929	1443
Charles County	82587	31411	907	2192	70	2510	2722	85263	34284	929	2321	67	2309	2852	85926	36996	941	2458	78	2455	2871	87067	39745	959	2593	84	2601	2980
Prince George's County	216729	502550	2795	31032	447	20884	57057	243723	524042	3335	32733	674	13612	61692	243480	535025	3403	32718	685	14061	66129	243395	543732	3505	32886	705	14493	71532
St. Mary's County	70320	12003	291	1553	67	1452	1720	72281	12024	289	1661	68	1270	1636	74714	12094	293	1666	68	1309	1763	77327	11982	294	1715	72	1364	1772
Area 5 Total		622165	5668	46657	915	34079	75536	876250	647703	6259	49545	1185	25020	80578	886891	661870	6378	50051	1228	25943	85558	896852	673121	6528	50618	1264	26866	91184

Table B.5. MD Race Data, 2000-2003

2000																
County	White	Black	American Indian	Asian	Hawaiian, Pacific Islander	Multiple (2 or more) Race	Hispanic	Total Population*	White % of Total**	Black % of Total**	American Indian % of Total**	Asian % of Total**	Hawaiian, Pacific Islander % of Total**	Multiple (2 or more) Race % of Total**	Hispanic % of Total**	
Area 1	205982	418951	2097	9985	222	9554	11061	657852	31.31%	63.68%	0.32%	1.52%	0.03%	1.45%	1.68%	
Area 2	1079424	211023	3334	47431	486	20512	26922	1389132	77.70%	15.19%	0.24%	3.41%	0.03%	1.48%	1.94%	
Area 3	957697	159066	3323	103417	554	35035	107540	1366632	70.08%	11.64%	0.24%	7.57%	0.04%	2.56%	7.87%	
Area 4	318202	66206	1001	3439	126	4407	6857	400238	79.50%	16.54%	0.25%	0.86%	0.03%	1.10%	1.71%	
Area 5	830003	622165	5668	46657	915	34079	75536	1615023	51.39%	38.52%	0.35%	2.89%	0.06%	2.11%	4.68%	
2001																
County	White	Black	American Indian	Asian	Hawaiian, Pacific Islander	Multiple (2 or more) Race	Hispanic	Total Population*	White % of Total**	Black % of Total**	American Indian % of Total**	Asian % of Total**	Hawaiian, Pacific Islander % of Total**	Multiple (2 or more) Race % of Total**	Hispanic % of Total**	
Area 1	207986	418026	2182	10336	308	6467	11368	656673	31.67%	63.66%	0.33%	1.57%	0.05%	0.98%	1.73%	
Area 2	1101222	221880	3455	52249	552	16242	27633	1423233	77.37%	15.59%	0.24%	3.67%	0.04%	1.14%	1.94%	
Area 3	1029707	165445	4084	113147	725	21022	113965	1448095	71.11%	11.43%	0.28%	7.81%	0.05%	1.45%	7.87%	
Area 4	328392	66481	1130	3638	146	2593	7081	409461	80.20%	16.24%	0.28%	0.89%	0.04%	0.63%	1.73%	
Area 5	876250	647703	6259	49545	1185	25020	80578	1686540	51.96%	38.40%	0.37%	2.94%	0.07%	1.48%	4.78%	
2002																
County	White	Black	American Indian	Asian	Hawaiian, Pacific Islander	Multiple (2 or more) Race	Hispanic	Total Population*	White % of Total**	Black % of Total**	American Indian % of Total**	Asian % of Total**	Hawaiian, Pacific Islander % of Total**	Multiple (2 or more) Race % of Total**	Hispanic % of Total**	
Area 1	204176	412949	2181	10327	318	6528	11564	648043	31.51%	63.72%	0.34%	1.59%	0.05%	1.01%	1.78%	
Area 2	1111468	228469	3528	55486	597	17094	28672	1445314	76.90%	15.81%	0.24%	3.84%	0.04%	1.18%	1.98%	
Area 3	1045174	165646	4095	119120	748	21958	118639	1475380	70.84%	11.23%	0.28%	8.07%	0.05%	1.49%	8.04%	
Area 4	334953	65581	1152	3726	149	2741	7160	415462	80.62%	15.79%	0.28%	0.90%	0.04%	0.66%	1.72%	
Area 5	886891	661870	6378	50051	1228	25943	85558	1717919	51.63%	38.53%	0.37%	2.91%	0.07%	1.51%	4.98%	
2003																
County	White	Black	American Indian	Asian	Hawaiian, Pacific Islander	Multiple (2 or more) Race	Hispanic	Total Population*	White % of Total**	Black % of Total**	American Indian % of Total**	Asian % of Total**	Hawaiian, Pacific Islander % of Total**	Multiple (2 or more) Race % of Total**	Hispanic % of Total**	
Area 1	201180	408077	2145	10334	311	6623	11621	640291	31.42%	63.73%	0.34%	1.61%	0.05%	1.03%	1.81%	
Area 2	1120475	235437	3584	58762	623	17950	30162	1466993	76.38%	16.05%	0.24%	4.01%	0.04%	1.22%	2.06%	
Area 3	1055270	165847	4179	124074	805	22881	122012	1495068	70.58%	11.09%	0.28%	8.30%	0.05%	1.53%	8.16%	
Area 4	342084	64899	1190	3902	144	2884	7372	422475	80.97%	15.36%	0.28%	0.92%	0.03%	0.68%	1.74%	
Area 5	896852	673121	6528	50618	1264	26866	91184	1746433	51.35%	38.54%	0.37%	2.90%	0.07%	1.54%	5.22%	

Source: Census Bureau 2000

** Totals may not equal 100 due to rounding.

Table B.6. Unemployment Rate and Rank by County and Area, 2001

County	2001 Unemployment Rates	2001 Unemployment RANK (among MD Counties)
Baltimore City	7.90%	22
Area 1	7.90%	N/A
Baltimore County	4.40%	15
Carroll County	2.80%	5
Harford County	3.90%	11
Howard County	2.60%	4
Area 2	3.43%	N/A
Allegany County	7.60%	20
Frederick County	2.80%	6
Garrett County	7.70%	21
Montgomery County	2.30%	1
Washington County	4.10%	14
Area 3	4.90%	N/A
Caroline County	5.10%	16
Cecil County	5.70%	18
Dorchester County	9.30%	23
Kent County	4.10%	12
Queen Anne's County	3.30%	10
Somerset County	7.50%	19
Talbot County	3.10%	8
Wicomico County	5.40%	17
Worcester County	9.90%	24
Area 4	5.93%	N/A
Anne Arundel County	3.20%	9
Calvert County	2.50%	2
Charles County	2.60%	3
Prince George's County	4.10%	13
St. Mary's County	2.80%	7
Area 5	3.04%	N/A
MARYLAND (State)	4.10%	N/A

(Source: RESI MD Statistical Abstract 2003, via MD Dept. Labor, Licensing and Regulation)

Table B.7. MD Poverty Number And Rate By County, 1999

	Poverty Number, 1999	Poverty Rate, 1999
Area 1	47,805	30.60
Baltimore city	47,805	30.60
Area 2	12,575	7.20
Baltimore County	1,650	4.00
Carroll County	3,442	5.80
Harford County	2,619	3.80
Howard County	20,286	5.20
Area 3	2,603	17.70
Allegany County	2,567	4.90
Frederick County	1,210	16.60
Garrett County	12,773	5.90
Montgomery County	3,705	12.30
Washington County	22,858	11.48
Area 4	1,132	14.50
Caroline County	2,137	9.20
Cecil County	1,260	18.10
Dorchester County	657	17.00
Kent County	723	7.20
Queen Anne's County	1,280	28.40
Somerset County	755	10.50
Talbot County	3,210	15.60
Wicomico County	1,601	17.00
Worcester County	12,755	15.28
Area 5	7,613	6.30
Anne Arundel County	1,107	5.10
Calvert County	2,277	6.70
Charles County	19,250	9.20
Prince George's County	1,941	8.20
St. Mary's County	32,188	7.10
Area 5 Total	56,763	7.26

Source: U.S. Census Bureau, per ERS (Economic Research Services, US Dept. Agriculture). Online www.ers.usda.gov

TABLE B.8. 1999-2003 On-Time Graduation (High-School)

	1999 On-Time Graduation (High-School).	2000 On-Time Graduation (High-School).	2001 On-Time Graduation (High-School).	2002 On-Time Graduation (High-School).
Area 1				
Baltimore city	49.5%	50.5%	58.5%	59.0%
Area 1 Total	49.5%	50.5%	58.5%	59.0%
Area 2				
Baltimore County	91.0%	89.5%	88.0%	88.0%
Carroll County	88.0%	90.0%	88.5%	90.5%
Harford County	84.0%	84.0%	84.0%	83.0%
Howard County	90.5%	91.5%	92.5%	92.0%
Area 2 Total	88.4%	88.8%	88.3%	88.4%
Area 3				
Allegany County	88.0%	86.5%	84.0%	83.5%
Frederick County	89.0%	88.0%	87.5%	91.0%
Garrett County	82.5%	82.5%	81.0%	84.0%
Montgomery County	91.5%	91.5%	92.0%	92.0%
Washington County	78.5%	80.5%	80.5%	83.5%
Area 3 Total	85.9%	85.8%	85.0%	86.8%
Area 4				
Caroline County	77.0%	77.0%	78.0%	81.0%
Cecil County	84.0%	82.5%	81.0%	83.0%
Dorchester County	74.5%	77.5%	77.0%	76.5%
Kent County	78.5%	82.0%	84.0%	86.5%
Queen Anne's County	80.0%	81.5%	86.5%	89.0%
Somerset County	77.0%	76.0%	76.5%	78.0%
Talbot County	89.5%	90.0%	89.5%	88.0%
Wicomico County	75.0%	77.5%	78.5%	76.5%
Worcester County	81.5%	82.0%	85.0%	89.5%
Area 4 Total	79.7%	80.7%	81.8%	83.1%
Area 5				
Anne Arundel County	82.0%	81.0%	80.0%	81.5%
Calvert County	82.5%	81.5%	82.5%	86.0%
Charles County	82.5%	83.0%	85.0%	84.5%
Prince George's County	84.0%	85.0%	87.5%	89.0%
St. Mary's County	84.5%	85.5%	85.5%	85.5%
Area 5 Total	83.1%	83.2%	84.1%	85.3%
MARYLAND (entire State)				
MARYLAND (entire State)	81.5%	82.0%	83.0%	84.0%

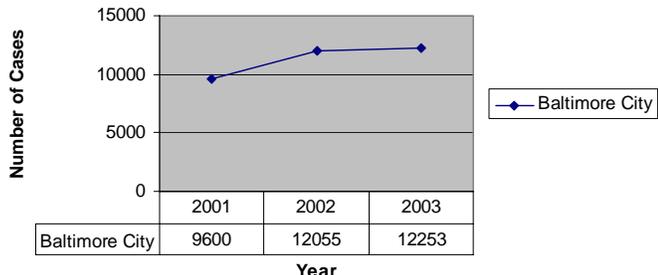
Source: Annie E Casey Foundation, CLIKS data <http://www.aecf.org/cgi-bin/cliiks.cgi?action=rawdata>

Appendix C
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DJS Data by County

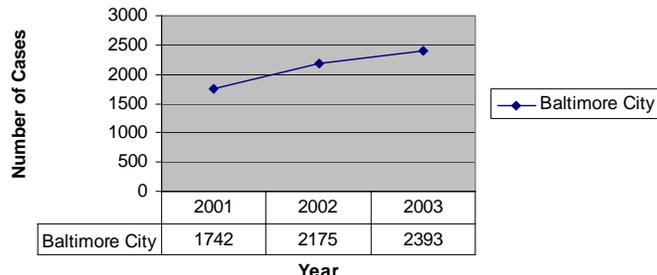
DJS Area I (Baltimore City) Intake and Placement Data

Source: Annual Statistical Report, Maryland Department of Juvenile Services, Office of Research and Planning Unit, 2001-2003

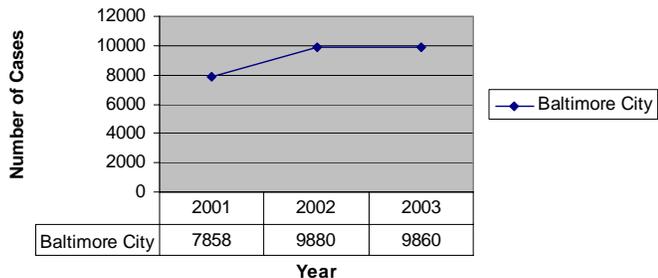
Total Number of Intake Cases, 2001-2003



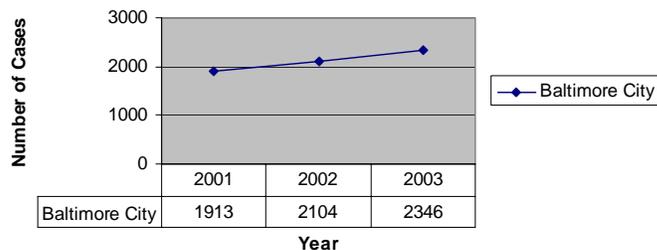
Number of Female Intake Cases, 2001-2003



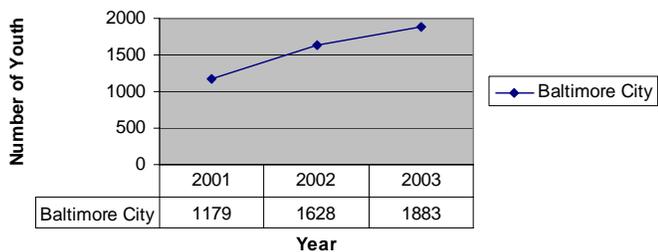
Number of Male Intake Cases, 2001-2003



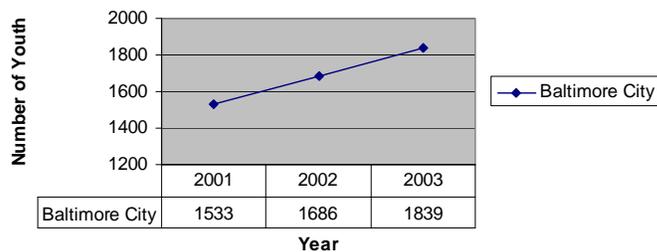
Number of Intake Cases, Age 13 and Under, 2001-2003



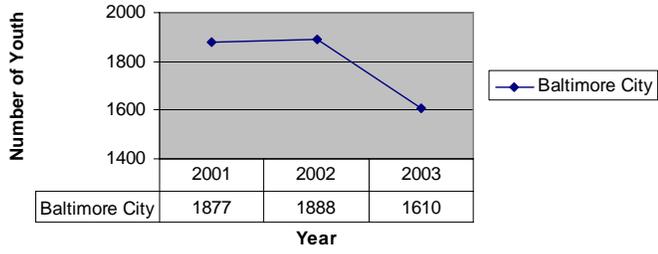
Number of Youth Admitted to Secure Detention, 2001-2003



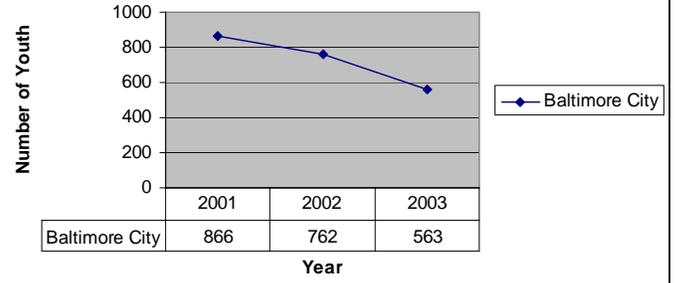
Number of Youth Assigned to Out-of-Home Placements, 2001-2003



Number of Youth Assigned to Probation, 2001-2003



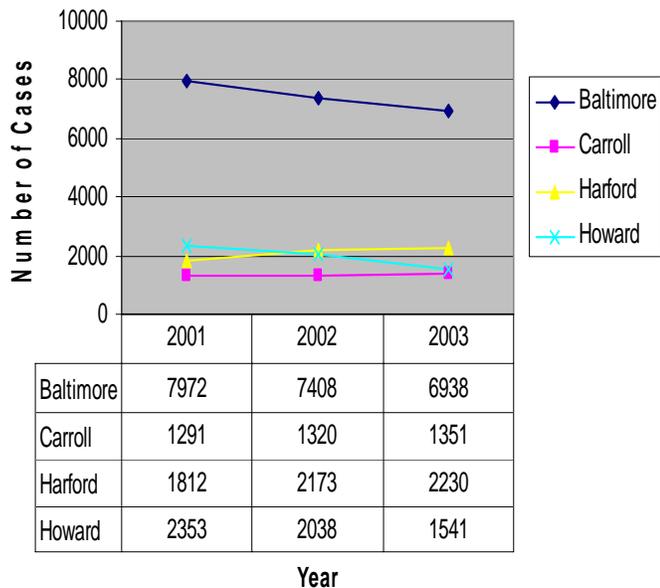
Number of Youth Assigned to Aftercare



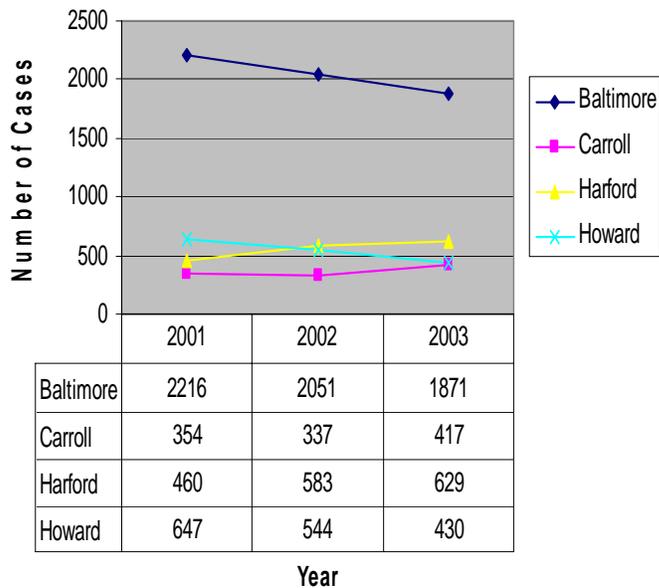
DJS Area II (Baltimore, Carroll, Harford, and Howard Counties) County Intake and Placement Data

Source: Annual Statistical Report, Maryland Department of Juvenile Services, Office of Research

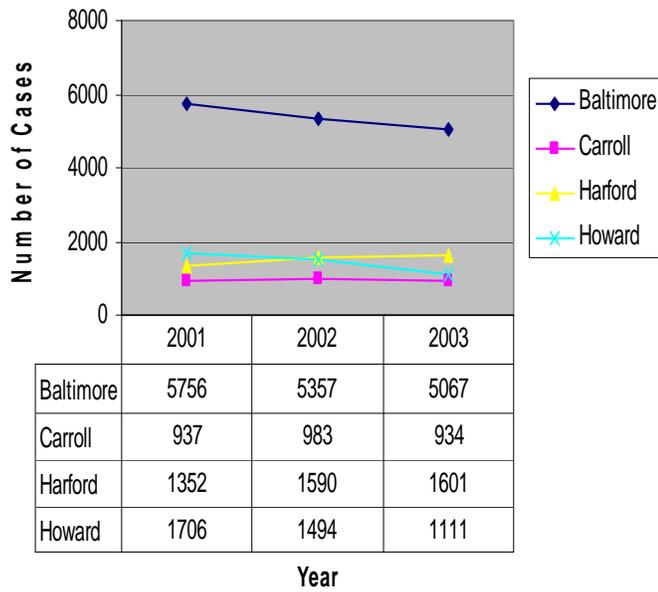
Total Number of Intake Cases, 2001-2003



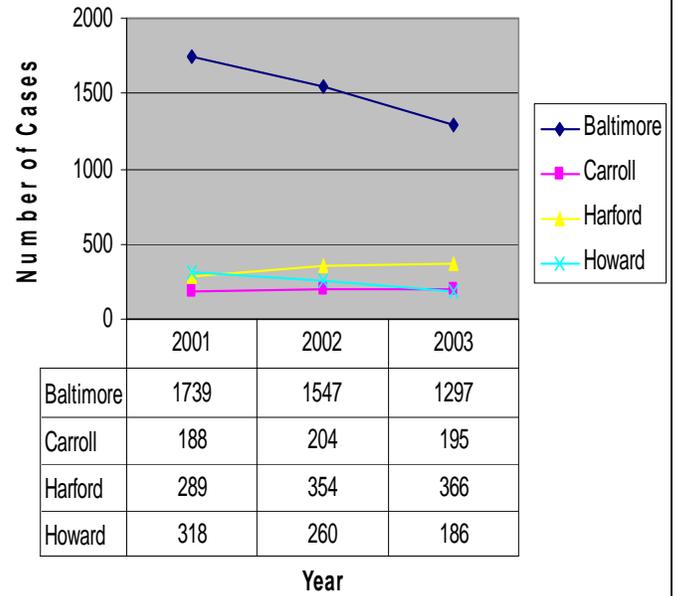
Number of Female Intake Cases, 2001-2003



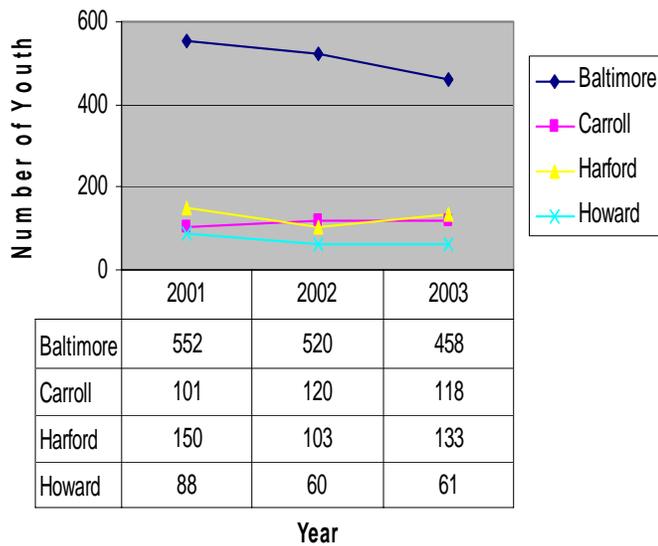
Number of Male Intake Cases, 2001-2003



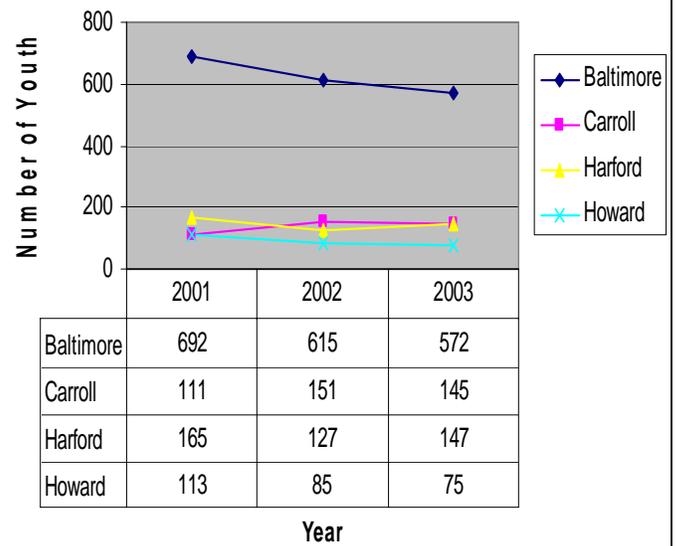
Number of Intake Cases, Age 13 and Under, 2001-2003



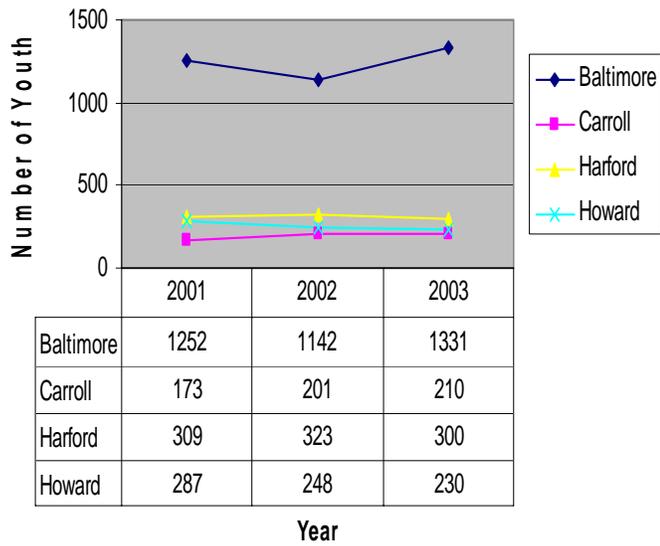
Number of Youth Admitted to Secure Detention, 2001-2003



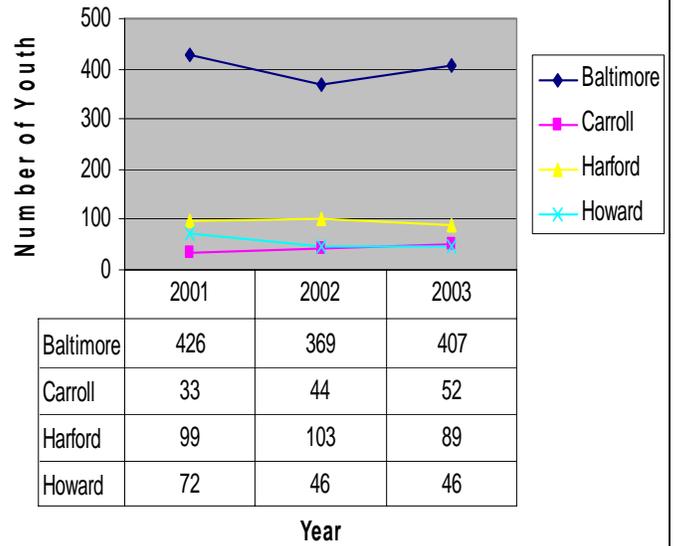
Number of Youth Assigned to Out-of-Home Placements, 2001-2003



Number of Youth Assigned to Probation, 2001-2003



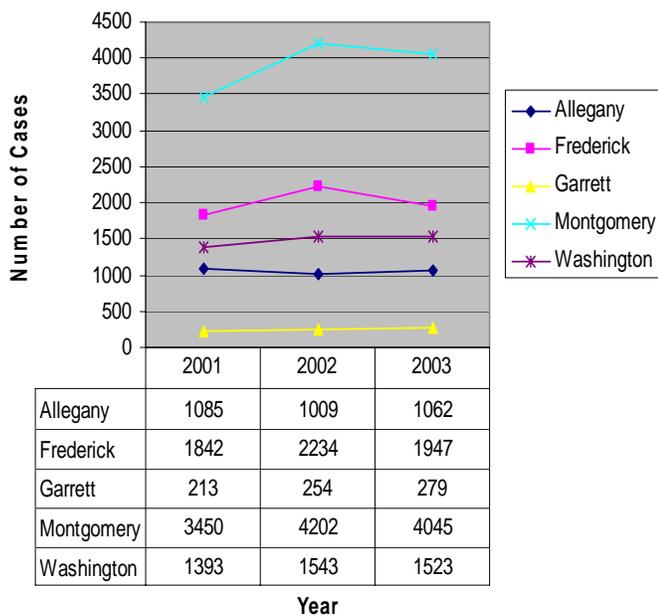
Number of Youth Assigned to Aftercare, 2001-2003



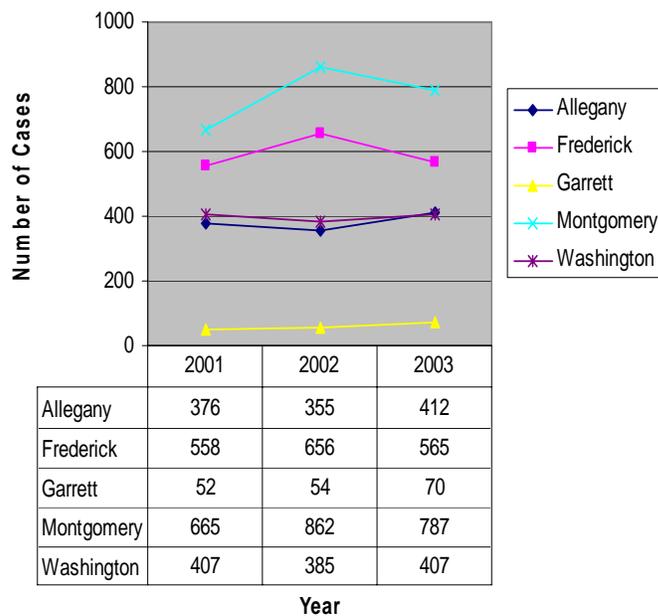
DJS Area III (Allegheny, Frederick, Garrett, Montgomery, and Washington Counties) County Intake and Placement Data

Source: Annual Statistical Report, Maryland Department of Juvenile Services, Office of Research

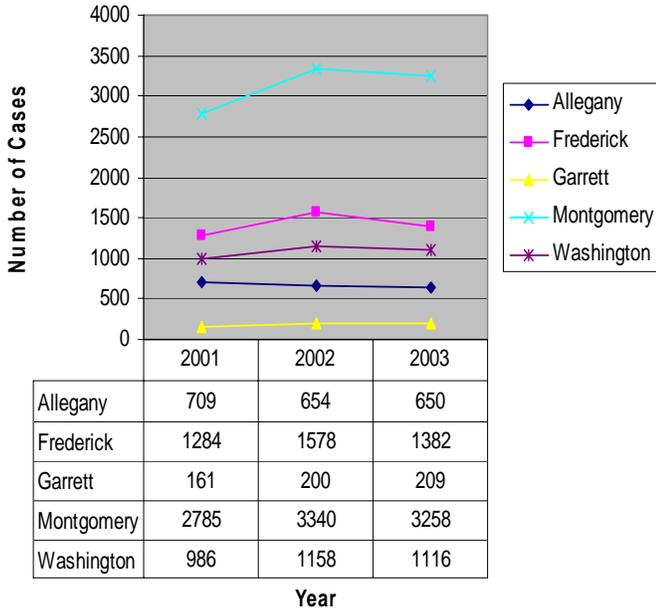
Total Number of Intake Cases, 2001-2003



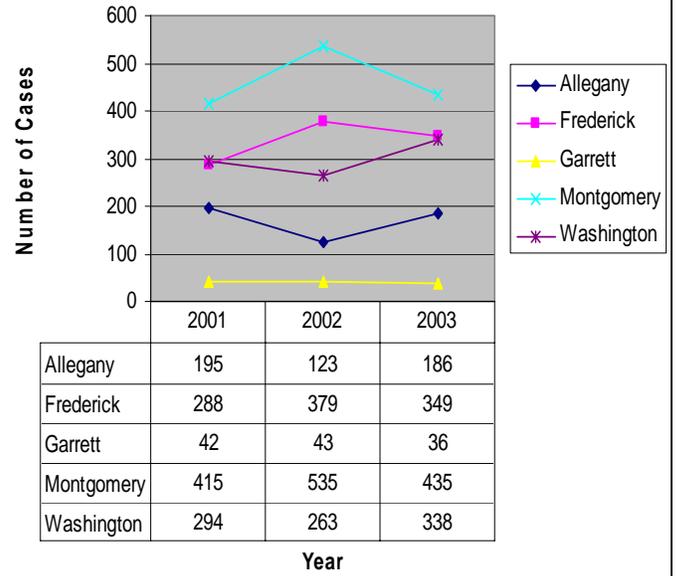
Number of Female Intake Cases, 2001-2003



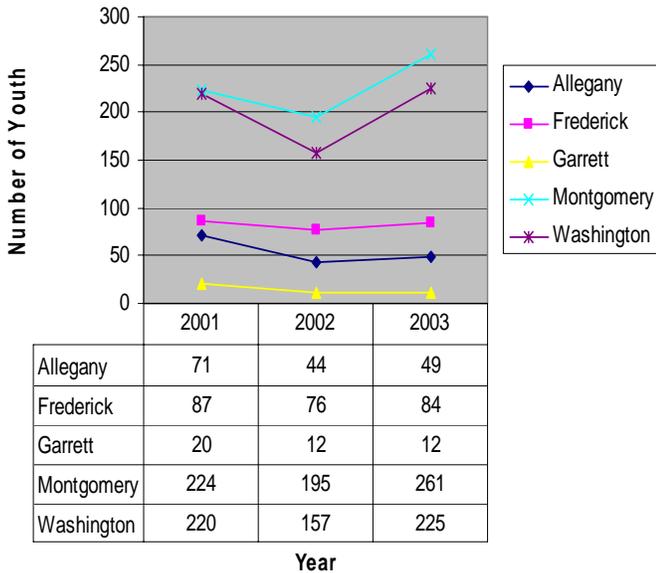
Number of Male Intake Cases, 2001-2003



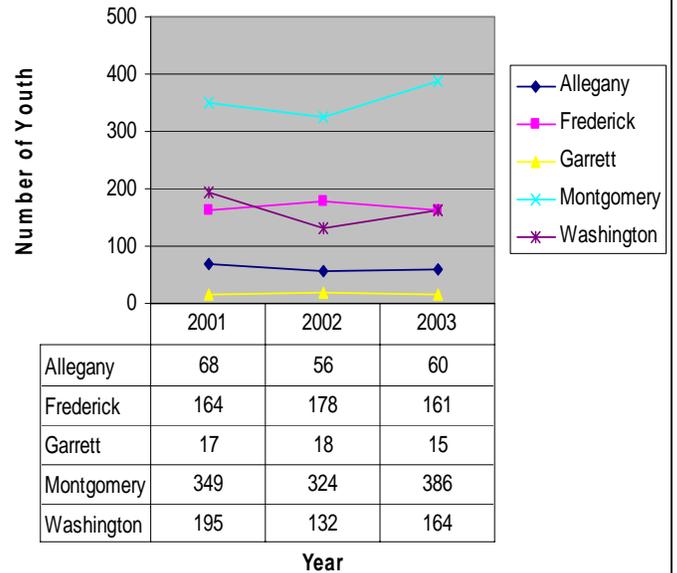
Number of Intake Cases, Age 13 and Under, 2001-2003



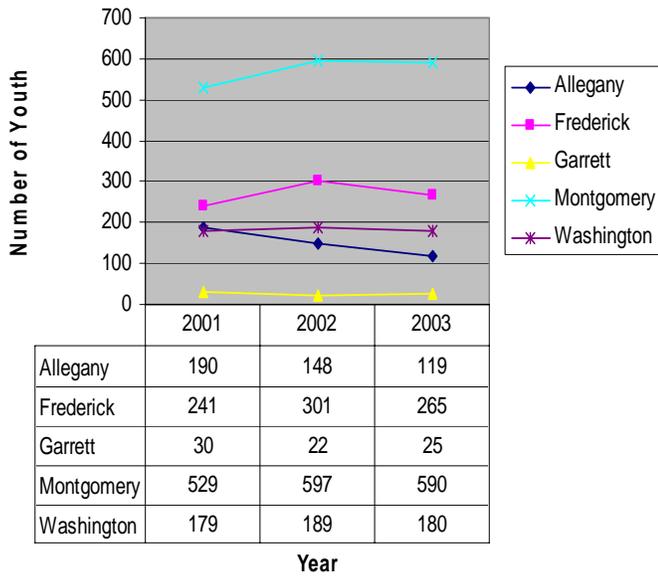
Number of Youth Admitted to Secure Detention, 2001-2003



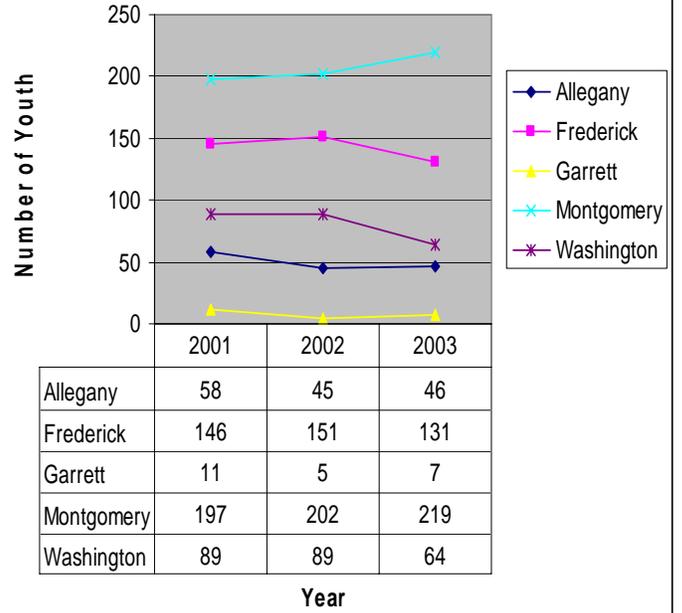
Number of Youth Assigned to Out-of-Home Placements, 2001-2003



Number of Youth Assigned to Probation, 2001-2003



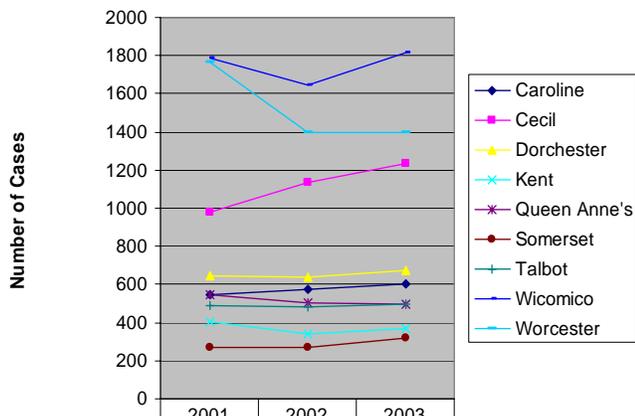
Number of Youth Assigned to Aftercare, 2001-2003



DJS Area IV (Eastern Shore) County Intake and Placement Data

Source: Annual Statistical Report, Maryland Department of Juvenile Services, Office of Research and Planning Unit, 2001-2003

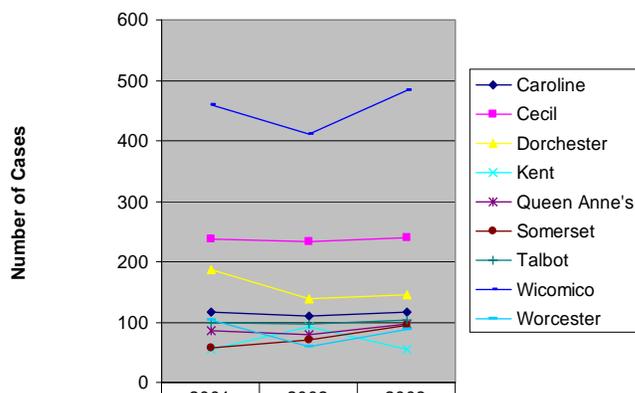
Total Number of Intake Cases, 2001-2003



	2001	2002	2003
Caroline	548	571	602
Cecil	977	1134	1234
Dorchester	644	638	676
Kent	405	338	372
Queen Anne's	543	503	500
Somerset	271	269	319
Talbot	489	481	495
Wicomico	1787	1647	1816
Worcester	1765	1398	1395

Year

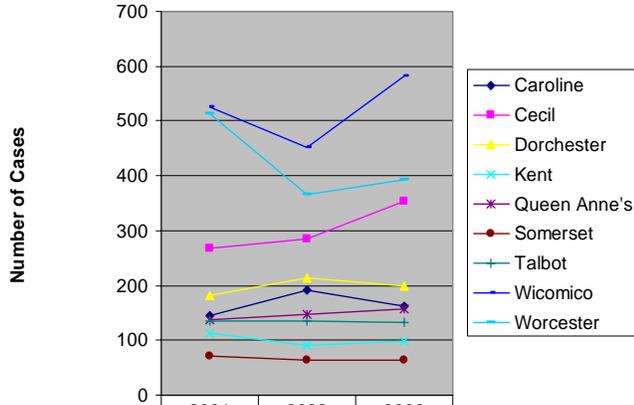
Number of Intake Cases, Age 13 and Under, 2001-2003



	2001	2002	2003
Caroline	116	109	116
Cecil	238	234	240
Dorchester	187	139	146
Kent	56	93	56
Queen Anne's	86	80	96
Somerset	58	71	95
Talbot	98	97	103
Wicomico	460	410	484
Worcester	103	60	89

Year

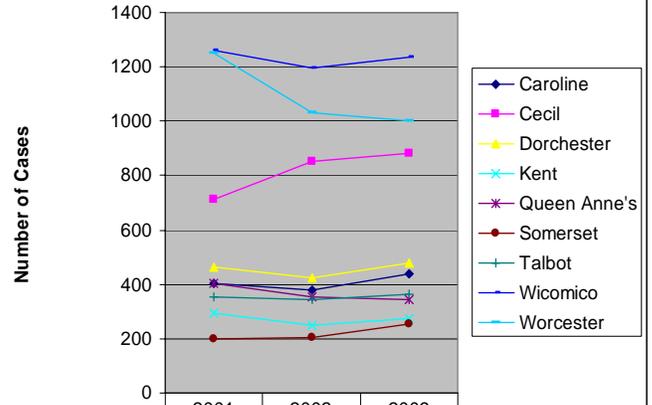
Number of Female Intake Cases, 2001-2003



	2001	2002	2003
Caroline	144	192	163
Cecil	267	284	354
Dorchester	181	213	199
Kent	113	90	99
Queen Anne's	138	147	158
Somerset	72	63	63
Talbot	136	135	133
Wicomico	525	451	581
Worcester	513	365	393

Year

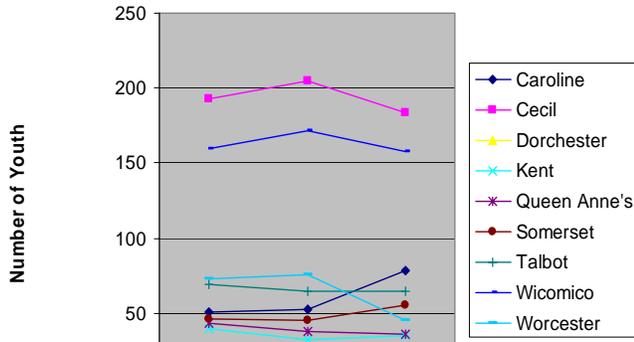
Number of Male Intake Cases, 2001-2003



	2001	2002	2003
Caroline	404	379	439
Cecil	710	850	880
Dorchester	463	425	477
Kent	292	248	273
Queen Anne's	405	356	342
Somerset	199	206	256
Talbot	353	346	362
Wicomico	1262	1196	1235
Worcester	1252	1033	1002

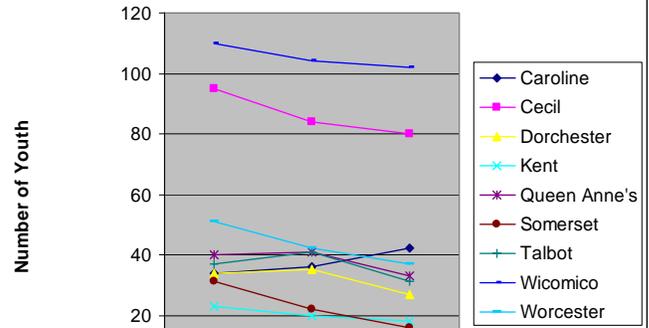
Year

Number of Youth Assigned to Probation, 2001-2003



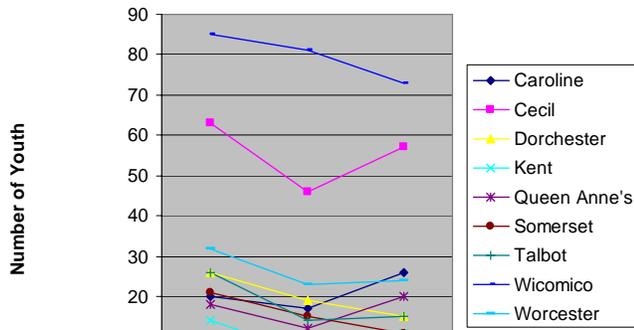
	2001	2002	2003
Caroline	51	53	78
Cecil	193	205	184
Dorchester	6	7	18
Kent	40	32	35
Queen Anne's	43	38	36
Somerset	46	45	55
Talbot	69	65	65
Wicomico	160	172	158
Worcester	73	76	45

Number of Youth Assigned to Out-of-Home Placements, 2001-2003



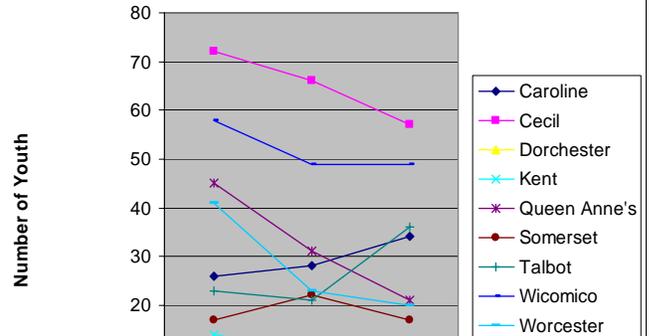
	2001	2002	2003
Caroline	34	36	42
Cecil	95	84	80
Dorchester	34	35	27
Kent	23	20	18
Queen Anne's	40	41	33
Somerset	31	22	16
Talbot	37	41	31
Wicomico	110	104	102
Worcester	51	42	37

Number of Youth Admitted to Secure Detention, 2001-2003



	2001	2002	2003
Caroline	20	17	26
Cecil	63	46	57
Dorchester	26	19	15
Kent	14	6	11
Queen Anne's	18	12	20
Somerset	21	15	11
Talbot	26	14	15
Wicomico	85	81	73
Worcester	32	23	24

Number of Youth Assigned to Aftercare, 2001-2003



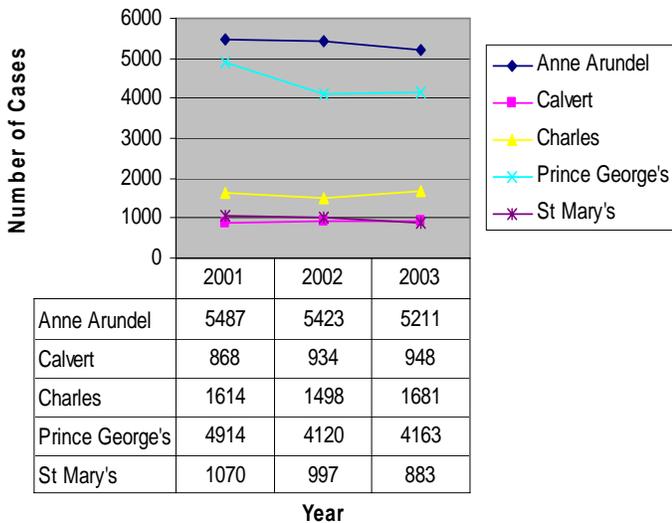
	2001	2002	2003
Caroline	26	28	34
Cecil	72	66	57
Dorchester	8	7	6
Kent	14	11	9
Queen Anne's	45	31	21
Somerset	17	22	17
Talbot	23	21	36
Wicomico	58	49	49
Worcester	41	23	20

DJS Area V

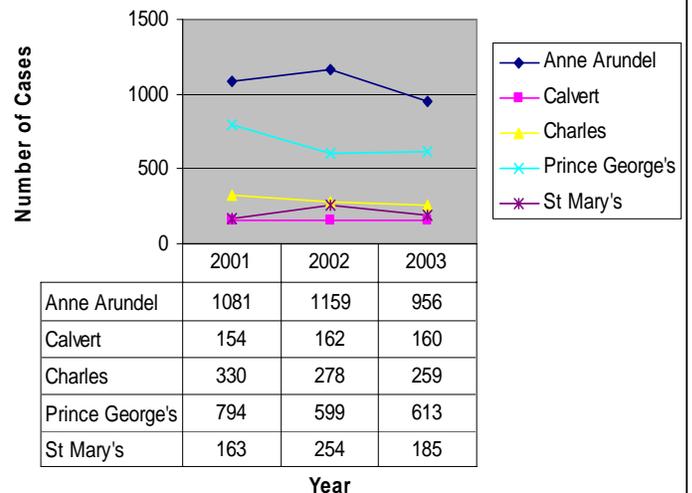
(Anne Arundel, Calvert, Charles, Prince George's, and St. Mary's) County Intake and Placement Data

Source: Annual Statistical Report, Maryland Department of Juvenile Services, Office of Research

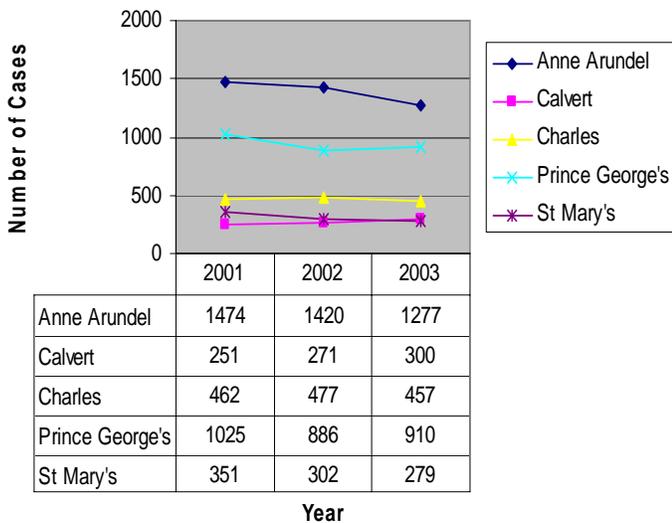
Total Number of Intake Cases, 2001-2003



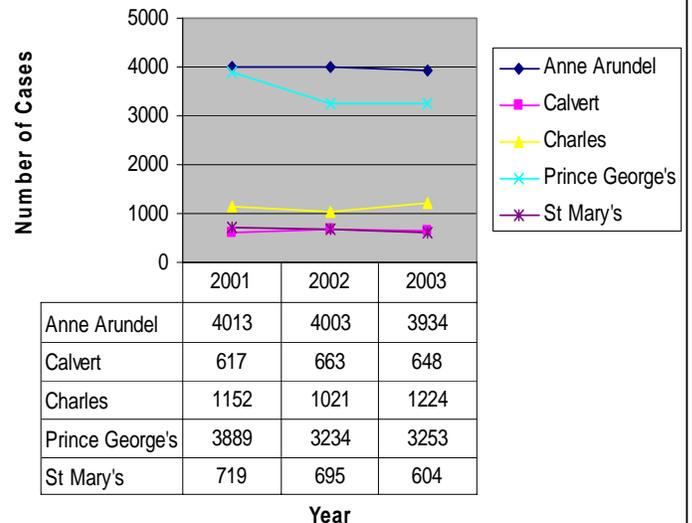
Number of Intake Cases, Age 13 and Under, 2001-2003



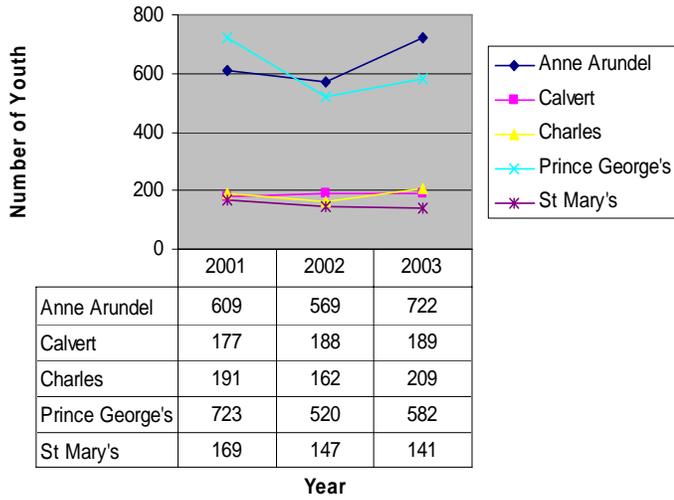
Number of Female Intake Cases, 2001-2003



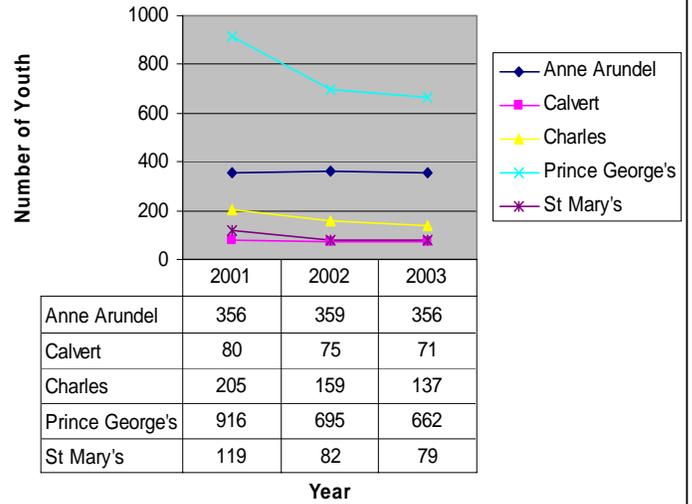
Number of Male Intake Cases, 2001-2003



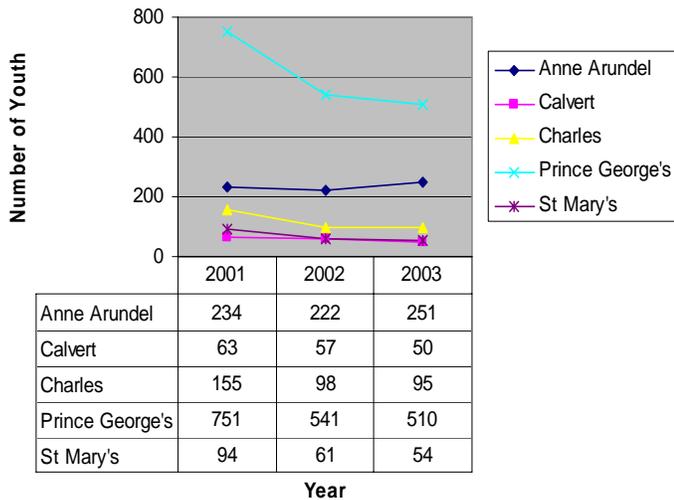
Number of Youth Assigned to Probation, 2001-2003



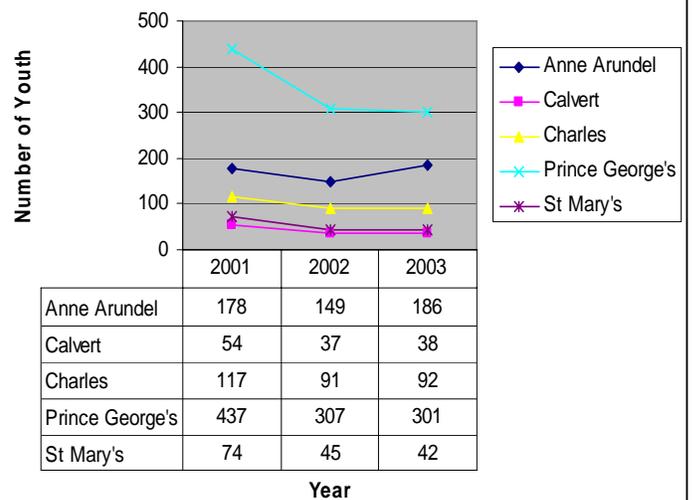
Number of Youth Assigned to Out-of-Home Placements, 2001-2003



Number of Youth Admitted to Secure Detention, 2001-2003



Number of Youth Assigned to Aftercare, 2001-2003



Appendix D
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Detention Standards

Detention Standards as of December 2004

INTRODUCTION

The Draft Standards contained in this report reflect a request from Deputy Secretary Carl Sanniti to create a set of juvenile detention center operating standards. The purpose of these standards is twofold:

- To create a draft set of standards for review by the Deputy Secretary. This will enable him to begin the process of creating policy and procedure for the operation of DJS detention predispositional and pending placement facilities.
- To create a draft set of standards that will be the basis for a new audit process as outlined in Chapter 9 of the report.

This document reflects the merging of Detention Standards from the following:

- Florida Department of Juvenile Justice Quality Assurance Standards for Juvenile Detention (FLA)
- Performance based standards for Youth Correction and Detention Facilities/Council of Juvenile Correctional Administrators
- American Correctional Association's Standards for Juvenile Detention (ACA)
- Maryland Standards for Juvenile Detention Facilities (MDJJ)
- Code of Maryland Regulations (COMAR)
- Virginia Board of Juvenile Justice Standards (VBJJ)
- Virginia Standards for the Regulation of Residential Facilities (VID)

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SECTION 1. DETENTION STANDARDS

Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

“Adaptive behavior” means the effectiveness or degree with which individuals with diagnosed mental disabilities meet the standards of personal independence and social responsibility expected of their age and cultural group.

“Allegation” means an accusation that a facility is operating without a license or receiving public funds for services it is not certified to provide.

“Applicable State regulation” means any regulation which the promulgating State agency determines applies to the facility. The term includes, but is not necessarily limited to modules, standards, and other regulations promulgated by the Departments of Education; Health; Housing and Community Development; Juvenile Justice; Mental Health, Mental Retardation and Substance Abuse Services; or other State agency.

“Applicant” means the person, corporation, partnership, association or public agency which has applied for a license or certificate.

“Application” means a document completed by the facility to furnish the regulatory authority details about the facility’s operations and includes certifications that the facility understands and intends to comply with regulatory requirements. An application includes inspection reports necessary to verify compliance with applicable requirements of other State agencies. An application is complete when all required information is provided and the application is signed and dated by the individual legally responsible for operation of the facility.

“Aversive stimuli” means physical forces (e.g., sound, electricity, heat, cold, light, water, or noise) or substance (e.g., hot pepper, pepper sauce, or pepper spray) measurable in duration and intensity which when applied to a client are noxious or painful to the client, but in no case shall the term “aversive stimuli” include striking or hitting the client with any part of the body or with an implement or pinching, pulling, or shaking the client.

“Behavior management” means those principles and methods employed by a licensee to help a child achieve positive behavior and to address and correct a child’s inappropriate behavior in a constructive and safe manner, in accordance with written policies and procedures governing program expectations, treatment goals, child and staff safety and security, and the child’s service plan.

“Body cavity search” means any examination of a resident’s rectal or vaginal cavities except the performance of medical procedures by medical personnel.

“Boot Camp” means a facility specifically approved to operate with highly structured components including, but not limited to, military style drill and ceremony, physical labor, education and rigid discipline, and no less than 6 months of intensive aftercare.

“Case record” or “Record” means up to date written or automated information relating to one resident. This information includes social and medical data, agreements, all correspondence relating to care of the resident, service plan with periodic revisions, aftercare plans and discharge summary, and any other data related to the resident.

“Chemical restraint” means use of any pharmacological substance for the sole purpose of controlling a resident’s behavior in the absence of a diagnosed medical or psychiatric condition. Chemical restraint does not include the appropriate use of medications ordered by a licensed physician for treating medical or psychiatric conditions.

“Child” means any person legally defined as a child under State law. The term includes residents and other children coming in contact with the resident or facility (e.g., visitors). When the term is used, the requirement applies to every child at the facility regardless of whether the child has been admitted to the facility for care (e.g., staff/child ratios apply to all children present even though some may not be residents).

“Child placing agency” means any person licensed to place children in foster homes or adoptive homes or a local board of public welfare or social services authorized to place children in foster homes or adoptive homes.

“Child with special needs” means a child in need of particular services because the child has mental retardation, a developmental disability, mental illness, emotional disturbance, a substance abuse problem, is in need of special educational services, or requires security services.

“Child with a visual impairment” means one whose vision, after best correction, limits the child’s ability to profit from a normal or unmodified educational or daily living setting.

“Client” means a person receiving treatment or other services from a program, facility, institution or other entity regulated under these standards whether that person is referred to as a patient, resident, student, consumer, recipient, family member, relative, or other term. When the term is used, the requirement applies to every client of the facility. Some facilities operate programs in addition to the children’s residential facility; the requirement applies only to the clients of the children’s residential facility and not to clients participating in other programs.

“Complaint” means an accusation against a licensed or certified facility regarding an alleged violation of standards or law.

“Compliance Plan” means violations documented by the regulatory authority and the facility’s corrective action to the documented violations within a specified time frame.

“Confined in detention with a suspended commitment to the Department of Juvenile Justice” means that a court has committed the juvenile to the Department of Juvenile Justice but has suspended the commitment and ordered the juvenile confined in a local detention home for a period not to exceed 6 months as found in §16.1–284.1.B in the *Code of Maryland*.

“Confinement” means staff directed temporary removal of a resident from contact with people through placing the resident alone in his bedroom or other normally furnished rooms. Confinement does not include timeout or seclusion.

“Contraband” means any item prohibited by law or by the rules and regulations of the agency, or any item which conflicts with the program or safety and security of the facility or individual residents.

“Corporal punishment” means punishment administered through the intentional inflicting of pain or discomfort to the body through a) actions such as, but not limited to, striking or hitting with any part of the body or with an implement; b) through pinching, pulling, or shaking; or c) through any similar action which normally inflicts pain or discomfort.

“Day” means calendar day unless the context clearly indicates otherwise.

“Detention home” or “secure detention” means a local, regional or State, publicly or privately operated secure custody facility which houses juveniles who are ordered detained pursuant to the *Code of Virginia*. The term does not include juvenile correctional centers.

“DMHMRSAS” means the Department of Mental Health, Mental Retardation and Substance Abuse Services.

“DOE” means the Department of Education.

“DSS” means the Department of Social Services.

“Emergency” means a sudden, generally unexpected occurrence or set of circumstances demanding immediate action. Emergency does not include regularly scheduled time off for permanent staff or other situations which should reasonably be anticipated.

“Emergency admission” means the sudden, unplanned, unexpected admittance of a child who needs immediate care except self-admittance to a temporary care facility or a court ordered placement.

“Goal” means expected results or conditions that usually involve a long period of time and which are written in behavioral terms in a statement of relatively broad scope. Goals provide guidance in establishing specific short-term objectives directed toward the attainment of the goal.

“Good character and reputation” means findings have been established and knowledgeable and objective people agree that the individual maintains business or professional, family and

community relationships which are characterized by honesty, fairness, truthfulness, and dependability, and has a history or pattern of behavior that demonstrates that the individual is suitable and able to care for, supervise, and protect children. Relatives by blood or marriage, and persons who are not knowledgeable of the individual, such as recent acquaintances, shall not be considered objective references.

“Human research” means any systematic investigation utilizing human subjects which may expose such human subjects to physical or psychological injury as a consequence of participation as subjects and which departs from the application of established and accepted therapeutic methods appropriate to meet the subjects’ needs.

“Immediately” means directly without delay.

“Independent living program” means a program that is specifically approved to provide the opportunity for the residents to develop the skills necessary to live successfully on their own following completion of the program.

“Individualized service plan” means a written plan of action developed, and modified at intervals, to meet the needs of a specific resident. It specifies short and long-term goals, the methods and timeframes for reaching the goals and the individuals responsible for carrying out a plan.

“Interdepartmental standards” means the standards for residential care which are common to the departments and which must be met by a children’s residential facility to qualify for a license or certificate.

“Intrusive aversive therapy” means a formal behavior management technique designed to reduce or eliminate severely maladaptive, violent, or self-injurious behavior through the application of aversive stimuli contingent on the exhibition of such behavior. Intrusive aversive therapy does not include verbal therapies, seclusion, physical or mechanical restraints used in conformity with the applicable human rights regulations promulgated pursuant to the *Code of Virginia*, or psychiatric medications which are used for purposes other than intrusive aversive therapy.

“Juvenile correctional center” means a secure custody facility operated by, or under contract with, the Department of Juvenile Justice to house and treat persons committed to the department.

“Legal guardian” means the natural or adoptive parents or other person, agency, or institution who has legal custody of a child.

“License or certificate” means a document verifying approval to operate a residential facility for children and which indicates the status of the facility regarding compliance with applicable State regulations.

“Licensee” means the person, corporation, partnership, association, or public agency to whom a license or certificate is issued and who is legally responsible for compliance with the standards and statutory requirements relating to the facility.

“Live-in staff” means staffs who are required to be on duty for a period of 24 consecutive hours or more during each workweek.

“Living Unit” means the space in which a particular group of children in care of a residential facility reside. A living unit contains sleeping areas, bath and toilet facilities, and a living room or its equivalent for use by the residents of the unit. Depending on its design, a building may contain one living unit or several separate living units.

“Mechanical restraint” means use of devices to restrict the movement of an individual or the movement or normal function of a portion of the individual’s body, but does not include the appropriate use of those devices used to provide support for the achievement of functional body position or proper balance and those devices used for specific medical and surgical treatment or treatment for self-injurious behavior.

“Medication error” means that an error has been made in administering a medication to a resident when any of the following occur: a) the wrong medication is given to a resident; b) the wrong resident is given the medication; c) the wrong dosage is given to a resident; d) medication is given to a resident at the wrong time or not at all; and d) the proper method is not used to give the medication to a resident.

“Objective” means expected short-term results or conditions that must be met to attain a goal. Objectives are stated in measurable, behavioral terms and have a specified time for achievement.

“On duty” means that period of time during which a staff person is responsible for the supervision of one or more children.

“Parent” means a natural or adoptive parent or a surrogate parent appointed pursuant to DOE’s regulations governing special education programs for students with disabilities. “Parent” means either parent unless the facility has been provided evidence that there is a legally binding instrument, a State law or a court order governing such matters as divorce, separation, or custody, which provides to the contrary.

“Pat down” means a thorough external body search of a clothed resident.

“Physical restraint” means the restraint of a resident’s body movements by means of physical contact by staff members. Physical restraint does not include physical prompts or guidance used with individuals with diagnosed mental disabilities in the education or training of adaptive behaviors. (See definition of “adaptive behavior.”)

“Placement” means an activity by any person which provides assistance to a parent or legal guardian in locating and affecting the movement of a child to a foster home, adoptive home, or to a residential facility for children.

“Premises” means the tracts of land on which any part of a residential facility for children is located and any buildings on such tracts of land.

“Program” means a combination of procedures or activities carried out to meet a specific goal or objective.

“Public funding” means funds paid by, on behalf of, or with the financial participation of the State Departments of Education; Juvenile Justice; Mental Health, Mental Retardation and Substance Abuse Services; or Social Services.

“Regulatory authority” means the department or State board that is responsible under the *Code of Maryland* for the licensure or certification of a residential facility for children.

“Resident” means a person admitted to a children’s residential facility for supervision, care, training or treatment on a 24-hour-per-day basis. Resident includes children making preplacement visits to the facility. When the term is used, the requirement applies only to individuals who have been admitted to the facility and those making preplacement visits.

“Residential facility for children” or “facility” means a publicly or privately operated facility, other than a private family home, where 24-hour-per-day care is provided to children separated from their legal guardians and which is required to be licensed or certified by the *Code of Maryland* except

1. Any facility licensed by the Department of Social Services as a child-caring institution as of January 1, 1987, and which receives no public funds
2. Private psychiatric hospitals serving children that are licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services under Rules and Regulations for the Licensure of Facilities and Providers of Mental Health, Mental Retardation and Substance Abuse, 12 VAC 35–102–10 et. seq.

Group homes are included under this definition of residential facility for children. Group home means a community-based, homelike single dwelling, or its acceptable equivalent, other than the private home of the operator, and serves up to 12 residents.

“Respite care facility” means a facility that is specifically approved to provide short-term, periodic residential care to children accepted into its program to give the legal guardians temporary relief from responsibility for their direct care.

“Responsible adult” means an adult, who may or may not be a staff member, who has been delegated authority and responsibility to make decisions and to take actions to manage the safety and well-being of children. The term implies that the facility has reasonable grounds to believe that the responsible adult has sufficient knowledge, judgment and maturity to handle the situation.

“Rest day” means a period of not less than 32 consecutive hours during which a staff person has no responsibility to perform duties related to the facility. Two successive rest days means a period of not less than 48 consecutive hours during which a staff person has no responsibility to

perform duties related to the facility. Each successive rest day immediately following the second shall consist of not less than 24 additional consecutive hours.

“Right” is something to which one has a legal or contractual claim.

“Routine admission” means the admittance of a child following evaluation of an application for admission, completion of preplacement activities, and execution of a written placement agreement.

“Rules of conduct” means a listing of rules or regulations which is maintained to inform residents and others about behaviors which are not permitted and the consequences applied when the behaviors occur.

“Sanitizing agent” means laundry bleach with an active ingredient of 5.25 percent sodium hypochlorite.

“Seclusion” means placing a resident in a room with the door secured in any manner that prevents the resident from opening it.

“Secure custody facility” means a detention home or a juvenile correctional center.

“Self admission” means the admittance of a child who seeks admission to a temporary care facility as permitted by Maryland statutory law without completing the requirements for “routine admission.”

“Severe weather” means extreme environment or climate conditions that pose a threat to the health, safety or welfare of residents.

“Shall” means an obligation to act is imposed.

“Shall not” means an obligation not to act is imposed.

“Standard” means a statement, which describes in measurable terms a required minimum performance level.

“Strategies” means a series of steps and methods used to meet goals and objectives.

“Strip search” means a visual inspection of the body of a resident when that resident’s outer clothing or total clothing is removed and an inspection of the removed clothing. Strip searches are conducted for the detection of contraband.

“Student/intern” means an individual who simultaneously is affiliated with an educational institution and a residential facility. Every student/intern who is not an employee is either a volunteer or contractual service provider depending on the relationship among the student/intern, educational institution, and facility.

“Systemic deficiency” means violations documented by the regulatory authority, which demonstrate defects in the overall operation of the facility or one or more of its components.

“Target population” mean individuals with a similar, specified characteristic or disability.

“Temporary care facility” means a facility or an emergency shelter specifically approved to provide a range of services, as needed, on an individual basis not to exceed 90 days except that this term does not include secure detention facilities.

“Therapy” means provision of direct diagnostic, preventive and treatment services where functioning is threatened or affected by social and psychological stress or health impairment.

“Timeout” means temporarily removing a resident and placing the resident alone in a special timeout room that is unfurnished or sparsely furnished and which contains few reinforcing environmental stimuli.

“Treatment” means any action which helps a person in the reduction of disability or discomfort, the amelioration of symptoms, undesirable conditions or changes in specific physical, mental, behavioral or social functioning.

“Variance” means temporary or permanent waiver of compliance with a standard or portion of a standard, or permission to meet the intent of the standard by a method other than that specified in the standard, when the regulatory authority, in its sole discretion, determines a) enforcement will create an undue hardship; b) the standard is not specifically required by statute or by the regulations of another government agency; and c) resident care will not be adversely affected. The denial of a request for a variance is open to appeal when it leads to the denial or revocation of a license or certificate.

“Wilderness camp” means a facility specifically approved to provide a primitive camping program with a nonpunitive environment and an experience curriculum for residents 9 and older who cannot presently function in home, school, and community. In lieu of or in addition to dormitories, cabins or barracks for housing residents, primitive campsites are used to integrate learning and therapy with real living needs and problems for which the resident can develop a sense of social responsibility and self worth.

SECTION 2. ADMINISTRATION AND PERSONNEL

1A–02. Licensing Requirements

Written policy, procedure, and practice provide that the program meets applicable licensing requirements of the jurisdiction in which it is located. (COMAR.04A)

1A–03. Mission Statement

There is a written document delineating the facility's mission within the context of the total system. This document is reviewed at least annually and is updated as needed. (COMAR.04 B-7) MDJJ 6.2.1

1A-04. Philosophy, Goals, and Purpose

There is a written statement that describes the philosophy, goals, and purposes of the facility. This statement shall include a description of the target population and the program to be offered. This statement is reviewed at least annually and updated as needed.

1A-08. Formulation and Annual Review of Goals

Written policy, and procedure, and practice provide that the facility administrator formulates and reviews goals for the facility annually and translates them into measurable objectives.

- Formal and informal input from facility staff, State, and regional management, interagency/community partners, and the community advisory council is sought.
- Goals consist of statements of desired outcomes.
- Facility objectives consist of specific, measurable outcomes that support the achievement of stated goals.
- Each objective includes the identification of persons responsible and target dates of completion.
- Progress is assessed and documented every 6 months. (COMAR.04B-7)

1A-11. Administrative Officer

Written policy, procedure, and practice provide that the facility and its programs are managed by a single administrative officer to whom all employees or units of management are responsible.

1A-03. Community Advisory Board/ Community Involvement

Written policy, procedure, and practice provide that there exist a community advisory committee, representative of the community that serves as a link between the program and the community. (COMAR.04B1-7)

Community Advisory Board

The community advisory board has at least five members. Meetings are at least quarterly. Minutes are maintained of all meetings.

Community Involvement

The facility administrator meets at least quarterly with the following:

- Juvenile court
- State's Attorney office

- Public Defender’s office
- Local Law Enforcement
- Residential and Community Services

1A–11. Staff Participate in the Formulation of Policies, Procedures, and Programs

Written policy, procedure, and practice demonstrate that employees participate in the formulation of policies, procedures, and programs.

- Staff participate in regular meetings
- Written employee suggestions (COMAR.15B1–2)
- Employee councils

1A–12. Qualifications/Authority/Position Description of Facility Personnel

The qualifications, authority, and responsibilities of the facility administrator and other appointed personnel who covered by merit systems, civil service regulations, or union contracts are specified in writing by statute or by the parent agency.

- Written position descriptions and performance standards for all staff positions (COMAR.11A) MDJJ 2.1.3.1

1A–15. Organizational Chart

The lines of accountability and authority are defined in writing and made known to all personnel through an organizational chart, which accurately reflects the structure of authority and accountability within the program. The organizational chart

- Includes names of supervisors and above, job titles, overlay provider agencies, the total number of positions in the program
- Is reviewed quarterly for accuracy and updated as needed (COMAR.09B10) MDJJ 1.4

1A–16. Vendors

The role and functions of employees of public or private agencies providing a service to the facility are covered by written policy and procedure that specify their relation to the authority and responsibility of the facility administrator.

- Written MOUs/MOAs, contracts
- Documentation of annual reviews/updates (COMAR.09B1,B4) MDJJ 1.5

1A–19. Policy and Procedure Manual

The policies and procedures for operating and maintaining the facility are specified in a manual that is accessible to all employees. This manual is reviewed at least annually and updated as needed.

- The procedures provide program staff guidelines for day-to-day operations.
- A procedure book is located in administration, master control, and the secure area of each living area.
- Each original and revised facility operating procedure is signed and dated by the facility administrator and annual reviews are documented in writing. (COMAR.09C) MDJJ 1.6

1A–20. Staff Meetings

The facility administrator conducts a monthly staff meeting that includes all supervisors and key center staff—that is, maintenance, healthcare, educators, and treatment leaders.

- All supervisors meet at least monthly with their respective staff.
- The superintendent maintains copies of agendas and minutes for each of the meetings. (COMAR.15B1,2)

1A–21. Two-Way Communication Between All Levels of Staff and Residents

Written policy, procedure, and practice provide for a system of two-way communication between all levels of staff and juveniles.

1A–22. Governing Authority—Annual Meeting

The facility shall clearly identify the corporation, association, partnership, individual or public agency that is the licensee.

The licensee shall clearly identify and governing board, body, entity or person to whom it delegates the legal responsibilities and duties of the licensee.

The governing authority holds meetings at least annually with the facility administrator.

- There shall be written documentation of annual meetings to include agenda.

1A–24. Written Report on Facility Activities

Written policy, procedure, and practice demonstrate that the facility administrator submits a written report of the facility’s activities at least quarterly to the parent agency. These reports include major developments in each department or administrative unit, major incidents, population data, assessment of staff and resident morale, and major problems and plans for solving them. (COMAR.04B4a)

1A–25. Public Information

Written policy, procedure, and practice provide for a public information program that encourages interaction with the public and the media. (COMAR.04B4c)

VBJJ. Media Access

Written policy, procedure, and practice grant representatives of the media access to the facility consistent with preserving juveniles' rights to privacy and maintaining order and security.

- There shall be written documentation of media involvement and facility administrator approval. MDJJ 4.7.2

VBJJ. Service Personnel

Service personnel other than the facility staff perform work in the facility only under direct and continuous supervision of facility staff in those areas permitting contact with juveniles.

SECTION 3. FISCAL MANAGEMENT

1B-01 Facility Administrator's Responsibilities

Written policy, procedure, and practice provide that the facility administrator is responsible for fiscal management and control. Management of fiscal operations may be delegated to a designated staff person. (COMAR.04C1-2, .11A1, d) MDJJ 2.1,3,1, 2.3.1

1B-02 The Fiscal Officer

The fiscal officer has appropriate professional qualifications, including 3 or more years of demonstrated supervisory and administrative experience.

- There shall be a written documentation with qualifications.

1B-03 Minimum Fiscal Policies

Written policy, procedure, and practice cover at a minimum the following fiscal areas: internal controls, petty cash, bonding for all appropriate staff, signature control on checks, and the issuing or use of credit cards or vouchers.

1B-05 Budget Deliberations/Funding

The facility administrator participates in budget deliberations conducted by the parent agency of the next higher level of government. This participation includes requests for funds for maintaining the facility's daily operations: financing capital projects; and supporting long-range objectives, program development, and additional staff requirements. (COMAR.11A1d) MDJJ 2.3.1

1B-07 Accounting Procedures

Written policy, procedure, and practice demonstrate that the procedures for collection, safeguarding, and disbursement of monies comply with the accounting procedures established by the governing jurisdiction. These procedures are reviewed annually and updated as needed. (COMAR.04C5) MDJJ 2.3.2

1B–09. Securing of Monies Collected

Written policy, procedure, and practice provide that all monies collected at the facility are placed in an officially designated and secure location daily.

1B–11. Ongoing Monitoring of Fiscal Activities

Written policy, procedure, and practice provide for ongoing monitoring of the facility’s fiscal activities. MDJJ 2.3.3

1B–12. Financial Auditing of Facility

Written policy, procedure and practice provide for an independent financial audit of the facility. This audit is conducted annually or as stipulated by statute or regulation, but at least every 3 years. (COMAR.04C5)

1B–13. Inventory Control

Written policy, procedure, and practice govern inventory control of property, supplies, and other assets. Inventories are conducted at time periods stipulated by applicable statutes, but at least every 2 years.

1B–14. Requisition and Purchasing

Written policy, procedure, and practice govern the requisition and purchase of supplies and equipment, including at a minimum the purchasing procedures and criteria for the selection of bidders and vendors.

1B–16. Insurance

Written policy, procedure and practice provide for institutional insurance coverage, including at a minimum the following: liability insurance covering the premises and the facility’s operations, liability for employees, liability for official vehicles, and public employee blanket bond. (COMAR.04C3a–f)

1B–18. Resident Funds

Written policy, procedure and practice govern the operation of any fund established for juveniles. Any interest earned on monies other than operating funds accrues to the benefit of the juveniles. (COMAR.17C1a, b, .17C1, 2)

VBJJ. Financial Transactions Between Residents, Staff, and Volunteers

Written policy, procedure, and practice prohibit financial transactions between juveniles and staff, or juveniles and volunteers.

SECTION 4. PERSONNEL

1C–01. Policy and Procedure Manual

Written policy, procedure, and practice provide that a personnel policy and facility procedure manual is available for employee reference and covers at a minimum the following areas:

- Organization chart
- Recruitment and promotion, including equal employment opportunity provisions.
- Job descriptions and qualifications, including salary determination and physical fitness policy
- Benefits, holidays, leave, and work hours
- Personnel records and employee evaluation
- Staff development, including in-service training
- Retirement, resignation, and termination
- Employee–management relations, including disciplinary procedures and grievance and appeal procedures
- Statutes relating to political activities
- Insurance/professional liability requirements
- Confidentiality
- Child Abuse and Neglect
- Use of Force
- Correspondence
- Blood Borne Pathogens
- Search Policy
- Shift Assignments
- Behavior Management
- Emergency Procedures
- Suicide Identification, Prevention/Intervention
- Child Abuse and Neglect (COMAR.09B1,4,6,8,9,10,11,12,13, .09D, .10A, .10B1K, .10B1n, .10Ca–m)

1C–02 Personnel Policies and Facility Procedures

Written policy, procedure, and practice and practice provide that each employee signs a statement acknowledging access to the personnel policies, regulations, facility procedures and his/her responsibility for being aware of the contents. (COMAR.10B2)

1C–03. Annual Review of Personnel Policies and Facility Procedures

The facility administrator reviews the facility’s internal personnel policies and facility procedures annually and submits to the parent agency any recommended changes that are relevant to the parent agency’s policies. (COMAR.09A)

1C–04. Staffing Requirement

The staffing requirements for all categories of personnel are determined to ensure that residents have access to staff, programs, and services.

- The facility shall develop and implement written policies and procedures which address staff supervision of residents.
- Written policies and procedures governing supervision of residents shall be reviewed and approved by the regulatory authority prior to implementation.
- The supervision policies or a summary of the policies shall be provided, upon request, to the placing agency or legal guardian. (COMAR.10A5)

(VID) No member of the child care staff shall be on duty more than 6 consecutive days without a rest day except in an emergency. Inclement weather does not constitute an emergency.

- Review facility schedule and timesheets

(VID) Child care staff shall not be on duty more than 16 consecutive hours except in an emergency.

- Review facility schedule and timesheets

(VID) During the hours that residents are scheduled to be awake there shall be at least one child care staff member awake, on duty and responsible for the supervision of every 10 residents

- Review schedules and timesheets comparing against population counts

(VID) During the hours that residents are scheduled to sleep there shall be no less than one child care staff member on duty and responsible for the supervision of every 16 residents, or portion thereof, on the premises.

- Review schedules and timesheets comparing against population counts on the living units

C–07. Equal Employment Opportunities

Written policy, procedure, and practice specify that equal employment opportunities exist. (COMAR.10B1g) MDJJ 2.1.1.4

C–10. Qualifications of Professional Specialists

Written policy, procedure, and practice require, and practice requires that all professional specialists are qualified in their fields. (COMAR.10B1h, .10D2) MDJJ 2.1.1.3

VID. Relief Staff Coverage

Written policy, procedure, and practice provide for relief staff to ensure that short-term personnel, both full-time, can be available during emergencies.

C-15. Staff—Criminal Record Check

A criminal record check is conducted on all new employees in accordance with State and Federal requirements.

- Five-year rescreening is done on all applicable staff and documented in staff's personnel file.
- Two-year DMV (if applicable) rescreening is done on all staff who drive facility vehicle and documented in the staff's personnel file. (COMAR.09E, .10B1c-d)

1C-16. Staff—Physical Examination

Written policy, procedure, and practice provide that employees who have direct contact with juveniles receive a physical examination prior to job assignment. The physical examination shall include documentation that the individual is free from tuberculosis in a communicable form. Employees receive reexaminations according to a defined need or schedule, including an annual tuberculosis screening.

- This shall be documented in staff's personnel file.

COMAR.10B1c-d. Physical or Mental Health of Personnel

The licensee or the regulatory authority may require a report of examination by a licensed physician or mental health professional when there are indications that an individual's physical, mental or emotional health may jeopardize the care of residents.

An individual who is determined by a licensed physician or mental health professional, to show an indication of a physical or mental condition which may jeopardize the safety of residents or which would prevent the performance of duties shall be removed immediately from contact with residents and food served to residents until the condition is cleared as evidenced by a signed statement from the physician or mental health professional. (COMAR.10B1c-d)

1C-17. Drug-Free Workplace

There is a written policy and procedure that specifies support for a drug free workplace for all employees. This policy, which is reviewed at least annually, includes at a minimum the following:

- Prohibition of the use of illegal guns
- Prohibition of possession of any illegal drug except in the performance of official duties.
- The procedure to be used to ensure compliance
- The opportunities available for treatment and/or counseling for drug abuse.

- The penalties for violation of the policy (COMAR.10B5)

COMAR.09B1. Annual Performance Review

Written policy, procedure, and practice provide for an annual written performance review of each employee (COMAR.09B1, .09B1–J)

1C–21. Personnel Records

Written policy, procedure, and practice provide that the facility maintains a current personnel record on each employee, including

- Initial application
- Reference checks
- Results of employment investigation
- Verification of training and experience
- Wage and salary information
- Medical evaluations
- Job performance evaluations
- Incident reports, if any;
- And commendations and disciplinary actions, if any (COMAR.10B1a,b,c,f,g,j,k,n)

1C–22. Personnel File (Challenge Information)

Written policy, procedure, and practice provide that employees may challenge the information in their personal (personnel) file and have it corrected or removed if it is proved inaccurate.

1C–23. Code of Ethics

A written code of ethics prohibits employees from using their official positions to secure privileges for themselves or others and from engaging in activities that constitute a conflict of interest. This code is available to all employees. MDJJ 2.1.2

1C–24. Confidentiality Policy

Written policy, procedure, and practice provide that employees, consultants, and contract personnel who work with juveniles are informed in writing about the facility's policies on confidentiality of information and agree in writing to abide by them. (COMAR.09B3, .09C, .11D3)

5C–04. Social Services Program (Staff)

The social services program is administered and supervised by a person qualified and trained in the social or behavioral sciences.

- Graduate degree recommended

5G–01. Religious Programs (Staff)

The facility has a qualified staff person who coordinates the facility’s religious programs.

SECTION 5. STAFF DEVELOPMENT

1D–01. Training—Planning, Coordination, and Supervision

Written policy, procedure, and practice provide that the facility’s staff development and training program is planned, coordinated, and supervised by a qualified supervisory employee. The training plan is reviewed annually. The facility maintains a current year calendar (1January through 31December or fiscal year.) of all training scheduled for the year.

- The facility maintains a training database on each employee
- The facility will maintain training attendance rosters (COMAR.09B11, .10C1a–m, .10C2)

1D–02. Annual Training Plan

The training plan is developed, evaluated, and updated based on an annual assessment that identifies current job-related training needs. Written policy, procedure, and practice provide that the facility’s staff development and training program is planned, coordinated, and supervised by a qualified supervisor employee. (COMAR.09B11, .10C1a–m, .10C2) MDJJ 2.2.1

1D–08. Administrative and Managerial Training

Written policy, procedure, and practice provide that all administrative and managerial staff receive training consistent with each individual’s training plan in addition to orientation training during their 1st year of employment. All new supervisory employees will complete Basic Supervisory Skills Training during the first 180 days of employment as a supervisor. All supervisory employees will receive 8 hours of supervisory training annually. This training covers at a minimum the following:

- | | |
|---------------------------------|---|
| • General Management | • Relationships With Other Service Agencies |
| • Labor Law | • Basic Supervisory Skills |
| • Employee–Management Relations | • Juvenile Justice Standards Training |
| • The Criminal Justice System | MDJJ 2.2.1 |

1D–09. Training

Written procedure and practice provide that all new child care workers receive mandatory training during their 1st year of employment consistent with the facility mandatory requirements

identified for all new childcare staff in the facility training plan. Training for subsequent years shall be consistent with the training plan which includes mandatory and recommended training for all staff. At a minimum this training covers the following areas:

- Security safety and emergency procedures
- Fire and evacuation procedures
- Supervision of juveniles
- Universal precautions
- Responding to health-related emergencies
- First aid
- CPR
- Gang awareness
- Sexual harassment and discrimination
- Incident and child abuse reporting
- Cultural diversity
- Suicide prevention
- Nonviolent crisis intervention
- Key control
- Counseling techniques
- Communication skills
- Interpersonal relations
- Rights and responsibilities of juveniles
- Administering medication
- Mental health and substance abuse (COMAR.10C1a,g,j,k.l) MDJJ 2.1

1D–10. Training

Written policy, procedure, and practice provide that all professional specialist employees who have juvenile contact receive training during their 1st year of employment consistent with the annual training plan for the individual. Training for subsequent years shall be consistent with the training plan. At a minimum this training covers the following areas

- Security Procedures
- Supervision of Juveniles
- Nonviolent Crisis Intervention
- Report Writing
- Juvenile Rules and Regulations
- Rights and Responsibilities of Juveniles
- Fire and Emergency Procedures
- Key Control
- Interpersonal Relations
- Cultural Diversity
- Communication Skills
- First aid/CPR
- Search and Seizure
- Rules of Evidence
- Sexual Harassment MDJJ2.2.1

VBJJ/Fla.10–07. Support Staff Training

Written policy, procedures and practice provide that all support employees receive training consistent with the annual training plan. Training will be documented with a copy of the attendance roster including trainee and trainer or certified official's signatures. Training will include, but not limited to

- Promoting professional and Appropriate Staff Conduct
- Representing DJJ in an Ethical, Professional and Valued Manner
- Security, Safety and Emergency Procedures
- Cultural Diversity

- Universal Precautions
- Other Related Job-Specific Training MDJJ 2.2.1

VBJJ. Orientation/Training—Relief Staff, Volunteers and Contract Personnel

All part-time staff, volunteers, and contract personnel receive formal orientation appropriate to their assignments and additional training as needed. (COMAR.11E–D)

1F–03. Research Projects

The facility administrator reviews and approves all facility research projects before implementation to ensure that they conform to the policies of the parent agency.

1F–05. Research Participation

Written policy, procedure, and practice govern voluntary participation in nonmedical, nonpharmaceutical, and noncosmetic research programs. MDJJ 5.3.4.8

5C–04. Social Services Program Administration

The social services program is administered and supervised by a person qualified and trained in the social or behavioral sciences. (COMAR.10A2)

5G–01. Religious Program Coordinator

The facility has a qualified staff person who coordinates the facility’s religious programs. (COMAR.16F1)

COMAR.10A3. Staffing—During Awake Hours

During hours that residents are scheduled to be awake there shall be at least one child care staff member awake, on duty responsible for supervision of every 10 residents. (COMAR.10A3)

COMAR.10A3. Staffing—During Sleep Hours

During the hours that residents are scheduled to sleep there shall be no less than one child care staff member awake, on duty and responsible for supervision of every 16 residents, or portion thereof, on the premises. (COMAR.10A3)

SECTION 6. BEHAVIOR MANAGEMENT

FLA.5–10. Behavior Management

Written policy, procedure and practice document a behavior management system designed primarily to provide safety and security. The system should also teach residents alternative

prosocial methods of dealing with problems. The behavior management system should include the following elements:

- Positive and negative consequences that are connected to the behavior and serve as incentives to improve youth choices.
- Provides ongoing feedback to youth concerning their behavior.
- The behavior management system is clearly described in the written orientation material provided to the residents.

3C–01. Rewards for Positive Behavior

Written policy, procedure, and practice provide for a system of rewarding the positive behavior of individual residents.

3C–02. Resident Rules and Programmatic Responses

Written rules of resident conduct specify acts prohibited within the facility and penalties that can be imposed for various degrees of violation. Consequences and sanctions for program rule violations are directly related to the seriousness of the inappropriate behavior exhibited. These rules are reviewed annually and updated if necessary. MDJJ 5.3.2, 5.3.3

3C–03. Resident Rules and Programmatic Responses—Resident Orientation and Acknowledgement

A rulebook that contains all chargeable offenses, ranges of penalties, and disciplinary procedures is given to each resident and staff member and is translated into those languages spoken by significant numbers of residents. Signed acknowledgement of receipt of the rulebook is maintained in the resident’s file. When a literacy or language problem prevents a resident from understanding the rulebook, a staff member or translator assists the resident in understanding the rules.

FLA5–03. Prohibitions on Punishment

Written policy, procedure, and practice document that privilege suspension does not deny the resident

- Regular meals
- Snacks
- Clothing
- Sleep
- Physical and mental health services
- Visitation

3E–05. Prohibitions

Written policy, procedure, and practice specify that residents placed in confinement are afforded living conditions and privileges approximating those available to the general resident population. Exceptions are justified by clear and substantiated evidence.

C3–04 Training (Staff)—Rules of Resident Conduct

All personnel who work with resident receive sufficient training so that they are thoroughly familiar with the rules of resident conduct, the rationale for the rules, and the sanctions available. (COMAR.09B11, .10C1f–m)

3C–05. Informal Responses to Resident Misbehavior

There are written guidelines for informally resolving minor resident misbehavior. (COMAR.10C1j)

3C–06. Room Restriction—Explanation to Resident

Written policy, procedure and practice require that prior to room and /or privilege restriction, the resident has the reasons for the restriction explained to him/her and has the opportunity to explain the behavior leading to the restriction. MDJJ 5.3.8

3C–08. Room Restriction—Cool Out

Written policy, procedure, and practice specify that room restriction for minor misbehavior serves only a “cooling off” purpose and is short in duration, with the time period specified at the time of assignment (COMAR.26D1–6, .21E2, 4)

FLA.5–05. Room Restriction—Minor Offenses

Written policy, procedure and practice document that when confinement is used to address minor violations of facility rules, that alternatives to room restriction should be encouraged.

The use of confinement for periods under 24 hours follows the guidelines below:

- A confinement report is completed by the detention officer placing the youth in room confinement.
- The on-duty supervisor reviews the report within 2 hours to ensure the fair and appropriate use of confinement. The review is documented by signature.
- Rooms used for confinement must be free of nonfixed items.
- The on duty supervisor will reevaluate the resident’s status every 3 hours to determine the need for continued confinement. This evaluation will be documented.
- The facility administrator is notified upon removal of a confinement by the end of the shift during which the youth was removed and reviews the report within 48 hours.
- Direct care, medical or professional staff visually observe the youth every 15 minutes. Room check forms are posted outside the door of the room where the resident is confined.
- Youth assessed to be at risk of suicide are provided constant sight and sound supervision.
- All incidents of confinement are documented in the facility log book.

- The resident is advised that he has the right to file a grievance.

FLA.5 06. Room Restriction—Beyond 24 Hours

Written policy, procedure, and practice document that the confinement beyond 24 hours is approved by the facility administrator with reasons documented on the confinement report.

- The facility administrator or designee conducts and documents re-reviews every 24 hours.
- Confinement periods do not exceed 3 days unless the facility administrator documents that the release will jeopardize the safety and security of the facility. This is only done with authorization from the oversight authority.
- The youth is advised that he has the right to file a formal grievance.
- The designated mental health authority evaluates and documents the mental health status of the resident extended beyond 24 hours and every 24 hours thereafter excluding weekends and holidays.
- The on-duty supervisor must continue to evaluate the continued use of confinement every 3 hours.
- The facility administrator or designee reviews the status of the youth every 24 hours and documents the review.
- Staff must visually observe the resident every 15 minutes while in disciplinary confinement. Room check forms are posted outside the door of the room where youth are confined.
- Youth assessed to be at risk of suicide are provided constant sight and sound supervision.
- All incidents of confinement are documented in the facility log book.

3C–09. Resident Violation of Criminal Law

Written policy, procedure, and practice provide that where a resident allegedly commits and act covered by criminal law, the case be referred to appropriate court or law enforcement officials for consideration for prosecution.

3C–11. Disciplinary Reports

Written policy, procedure, and practice provide that employees prepare a disciplinary report when they have a reasonable belief that a resident has committed a major violation of facility rules or reportable minor violations. (COMAR.34A6) MDJJ 5.3.2.2, 5.3.3.2

Disciplinary reports prepared by staff members include, but are not limited to, the following information:

- | | |
|------------------------------------|---|
| • Specific rule(s) violated | • Any staff witnesses |
| • A formal statement of the charge | • Any physical evidence and its disposition |
| • Date/Time/Location | |
| • Any unusual resident behavior | |

- Any immediate action taken, including the use of force
- Reporting staff member's signature and date and time of report
- Supervisors Authorization (COMAR.24A1-2)

3C-12. 24-Hour Rule re: Investigation of Rule Violations

Written policy, procedure, and practice specify that when an alleged rule violation is reported, an appropriate investigation is begun within 24 hours of the time of report (COMAR.24A1-2)

3C-14. Review of Confinement Beyond 24 Hours

When a juvenile has been charged with a major rule violation requiring confinement, the youth may be confined for a period of up to 24 hours for the safety of the resident, other residents, or to ensure the security of the facility. Confinement for periods beyond 24 hours are reviewed every 24 hours by the administrator or designee who was not involved in the incident. (COMAR.21A)

3C-15. Hearings (Due Process)

Written policy, procedure, and practice provide that residents charged with rule violations are scheduled for a hearing as soon as practicable but no later than 7 days, excluding weekends and holidays, after the alleged violation. Residents are notified of the time and place of the hearing at least 24 hours in advance of the hearing. Residents may waive, in writing, the 24-hour rule should the facility administrator or his designee hold the hearing prior to the elapse of 24 hours. (COMAR.21A)

3C-16. Hearings

Written policy, procedure, and practice provide that disciplinary hearings on rule violations are conducted by an impartial person or panel of persons. A record of the proceedings is made and maintained for at least 6 months. (COMAR.21A)

3C-17. Hearings

Written policy, procedure, and practice provide that residents charged with rule violations are present at their hearings unless they waive that right in writing or through their behavior. Resident's may be excluded during the testimony of any juvenile whose testimony must be given in confidence; the reasons for the resident's absence or exclusion are documented. (COMAR.21A)

3C-18. Hearings

Written policy, procedure, and practice provide that resident have an opportunity to make a statement and present documentary evidence at the hearings and can request witnesses on their behalf; the reasons for denying such a request are stated in writing. (COMAR.21A) MDJJ5.3.8.2

3C–19. Hearings

Written policy and procedure allow juveniles to request any staff member to represent them at disciplinary hearings and to question relevant witnesses. Staff representatives are appointed when it is apparent that residents are not capable of effectively collecting and presenting evidence on their own behalf. (COMAR.21A)

3C–21. Hearings

Written policy, procedure, and practice provide that a written record is made of the decision and the supporting reasons and that a copy is given to the resident. The hearing record and the supporting documents are kept in the resident's file and in the disciplinary committee's records. (COMAR.21A)

3C–22. Hearings—Disposition of Disciplinary Report Should Resident Be Found Not Guilty

Written policy, procedure, and practice provide that if a resident is found not guilty of alleged rule violation, the disciplinary report is removed from all of the resident's files. (COMAR.21A)

3C–23. Hearings—Review By Administrator or Designee

Written policy, procedure, and practice provide for review of all disciplinary hearings and dispositions by the facility administrator or designee to assure conformity with policy and regulations. (COMAR.21A)

3C–24. Hearings—Residents Right to Appeal

Written policy, procedure, and practice grant residents the right to appeal decisions of the disciplinary committee to the facility administrator or designee. (COMAR.21A)

3E–01. Special Management of Serious Behavior and Protective Care

Written policy, procedure, and practice provide special management for resident's serious behavior problems and for residents requiring protective care. An individual program plan will be developed. (COMAR.23A, .23C)

3E–02. Special Unit Placement—Residents Who Are a Danger to Self or Others

The facility administrator or shift supervisor can order immediate placement in a special unit (room, padded cell) when it is necessary to protect the resident from him/herself or others. The action is reviewed within 72 hours by the appropriate authority

3E–03 Sanctions—Maximum Room Restriction

The facility has a sanctioning schedule that sets a maximum of 5 days of confinement in a security room for any offense, unless otherwise provided by law. COMAR.21E4, .26D6)

3E–04. Room Checks—Administrative or Designee Visits—Documentation

Residents placed in confinement are checked visually by staff at least every 15 minutes and are visited at least once each day by personnel from administrative, clinical, social work, religious, or medical units. A log is kept recording who authorized the confinement, persons visiting the resident, the person authorizing release from confinement, and the time of release. (COMAR.26D4b, .26D4c, .26D5) MDJJ5.3.7.2

SECTION 7. CASE SERVICES

1E–01. Case Record Management

Written policy, procedure, and practice govern case record management, including at a minimum the following areas:

- The establishment, use and content of resident records
- Right to privacy
- Secure placement and preservation of records
- Schedule for retiring or destroying inactive records (COMAR.24B, .24D, .24E)

1E–02. Resident File

The facility administration maintains a record on each resident, available in a master file, and including, at minimum, the following information:

- Name, age, sex, place of birth, and race or nationality
- Initial intake information form
- Authority to accept juvenile
- Referral source
- Case history/social history (NA secure detention)
- Medical consent forms
- Name, relationship, address, and phone number of parent(s)/guardian(s)/ and person(s) juvenile resides with at time of admission
- Driver's license number, social security number, and Medicaid number, when possible
- Court and disposition (NA secure detention)
- Individual plan or program (NA secured detention)
- Signed release-of-information forms, when required
- Progress reports on program involvement (NA secure detention)
- Program rules and disciplinary policy signed by juvenile

- Grievance and disciplinary record, if applicable
- Referral to other agencies, and final discharge or transfer report (NA secure detention) (COMAR.24B)

1E–03. Resident File Transfer—From One Facility to Another

Written policy, procedure, and practice provide that an updated case file for any juvenile transferred from one facility to another is transferred simultaneously or, at the latest, within 72 hours. (COMAR 23B4)

1E–04. Release of Information (Confidentiality)

The administration uses a consent form that complies with applicable Federal or State regulations. The resident signs a “release of information consent form” prior to the release of information as required by statute or regulation, and a copy of the form is maintained in the resident’s record.

1E–05. File Organization

The contents of records are identified and separated according to an established format. (COMAR.24E1e–f)

1E–06. File Entries—Dated/Signatures

Written policy, procedure, and practice require that all entries in the file are dated and identified.

1F–06. File Access—Research

Consistent with statutes, written policy, procedure, and practice provide that individuals and agencies may have access to records for the purpose of research, evaluation, and statistical analysis in accordance with a formal written agreement that authorizes access, specifies use of data, and ensures confidentiality. (COMAR.24E5) MDJJ 2.4

5A–01. Intake Process

Written procedures for admission of juveniles new to the system include, but are not limited to, the following:

- Determination that the juvenile is legally committed to the facility
- Complete search of the juvenile and possessions
- Disposition of personal property
- Shower and hair care, if necessary
- Issue of clean, laundered clothing, as needed
- Issue of personal hygiene articles
- Medical, dental, and mental health screening

- Assignment to a housing unity
- Recording of basic personal data and information to be used for mail and visiting lists
- Assistance to juveniles in notifying their families of their admission and procedures for mail and visiting
- Assignment of a registered number to the juvenile (NA group home)
- Provision of written orientation materials to the juvenile (COMAR.231, .23B6) MDJJ 3.3, 3.4, 3.5

5A–02. Summary Admission Report

Written policy, procedure, and practice require the preparation of a summary admission report for all new admissions to the facility that includes but is not limited to the following:

- Account of the legal aspects of the case
- Summary of criminal history, if any
- Social history
- Medical, dental, and mental health history
- Vocational interests and experience
- Educational status
- Religious background and interests
- Psychological evaluation
- Housing officer and other staff reports
- Staff recommendations
- Recreational preferences and assessment (COMAR.23C1,2)

5A–03. Reception Period—Access to Programs

Written policy, procedure, and practice provide programs for juveniles during the reception period. MDJJ 3.4, 3.5

5A–04. Intake of Residents—Written Orientation

Written policy, procedure, and practice provide that new residents receive written orientation materials and/or translations in their own language if they do not understand English. When a literacy problem exists, a staff member assists the juvenile in understanding the material. Completion of orientation is documented by a statement signed and dated by the resident. (COMAR.23A2) MDJJ 3.5.2

5A–05. Personal Property

Written policy, procedure, and practice govern the control and safeguarding of resident personal property. Personal property retained at the facility is itemized in a written list that is kept in the permanent case file; the resident receives a current copy of this list. (COMAR.17E2) MDJJ 3.3.10, 3.3.

5B–05. Individualized Service Plan

An individualized service plan is designed for and with each resident that includes measurable objective, expected behavior, and accomplishments and a time schedule for achievement. The program is documented by staff and resident signatures. (COMAR.23C2) MDJJ 4.8.2

5B–06. Review of Individualized Service Plan

Written policy, procedure, and practice provide that program staff review changes in the resident’s service plan with the juvenile and document this review with staff and juvenile signatures. (COMAR.23C3)

5C–01. Social Services Program

Written policy, procedure, and practice provide for a social services program that makes available a range of resources appropriate to the needs of residents, including individual, group, and family counseling; drug and alcohol treatment; and special offender treatment. (COMAR.23C2a)

5C–05. Program of Counseling

Written policy, procedure, and practice provide that staff members are available to counsel residents at their request; provision is made for counseling residents on an emergency basis. (COMAR.18A, .19A3)

5C–06. Mental Health Services and Crisis Intervention

Written policy, procedure, and practice provide for resident access to mental health counseling and crisis intervention services in accordance with their needs. (COMAR.19A3, .19G, .23C2ai) MDJJ 4.3.2.1

5C–07. Social Services—Sharing of Information and Coordination of Services

Social services personnel share relevant information and coordinate their efforts with appropriate facility resident care-workers.

51–01. Release Preparation—Access to Community Services

Written policy, procedure, and practice provide that all resident have access to a program of release preparation prior to their release to the community. (COMAR.23D1)

51–02. Temporary Releases

Temporary release programs should include but not be limited to the following:

- Written operational procedures
- Careful screening and selection procedures

- Written rules of conduct and sanctions
- A system of supervision to minimize abuse of program privileges
- A complete record keeping system
- Efforts to obtain community cooperation and support
- A system for evaluating program effectiveness

COMAR.23D. Structured Program

There shall be evidence of a structured program of care that is designed to

1. Meet the resident's physical needs
2. Provide protection, guidance and supervision
3. Promote a sense of security and self-worth
4. Meet the objectives of any required service plan

SECTION 8. EMERGENCY SERVICES

3B-06. Alternative Power

The facility has access to an alternate power source to maintain essential services an emergency.

3B-07. Communication System

Written policy, procedure, and practice provide for a communications systems within the facility and between the facility and community in the event of urgent, special, or unusual incidents or emergency situations. (COMAR.13A1.2)

3B-08. Preventative Maintenance

There is a written plan for preventive maintenance of the physical plant; the plan includes provisions for emergency repairs or replacement in life-threatening situations.

3B-09. Power Generators—Testing and Replacement

Power generators are tested at least every 2 weeks, and other emergency equipment and systems are tested at least quarterly for effectiveness and are repaired or replaced if necessary.

3B-11. Evacuation Plan

(Mandatory) The facility has a written evacuation plan prepared in the event of fire or major emergency that is certified by an independent, outside inspector trained in the application of appropriate codes. The plan is reviewed annually, updated if necessary, and reissued to the local fire jurisdiction. The plan includes the following:

- Location of building/room floor plan
- Use of exit signs and directional arrows for traffic flow
- Location of publicly posted plan
- Monthly drills in all occupied locations of the facility
- Drills are conducted on each shift once every 3 months
- Staff drills when evacuation of dangerous residents may not be included (COMAR.13A5.6)

3B–12. Emergency Procedures Training—Staff

(Mandatory) All facility personnel are trained in the implementation of written emergency plans. Work stoppage and riot/disturbance plans are communicated only to appropriate supervisory or other personnel directly involved in the implementation of those plans. (COMAR.13A4)

3B–13. Emergency Procedures—Release of Residents from Locked Areas and Back-Up System

(Mandatory) Written policy, procedure, and practice specify the means for the immediate release of residents from locked areas in case of emergency and provide for a backup system.

3B–14. Emergency Procedures—Threat to Facility Security

(Mandatory) There are written plans that specify the procedures to be followed in situations that threaten facility security. Such situations include but are not limited to riots, hunger strikes, disturbances, and taking of hostages. These plans are made available to all applicable personnel and are reviewed at least annually and updated as needed.

3B–15. Escapes

There are written procedures regarding escapes; these procedures are reviewed at least annually and updated if necessary. (COMAR.22A–D)

SECTION 9. HEALTH CARE

4C–01. Health Authority

Written policy, procedure, and practice provide that the facility has a designated health authority with responsibility for health care pursuant to a written agreement, contract, or job description. The health authority may be a physician, health administrator, or health agency. When the authority is other than a physician, final medical judgments rest with a single designated physician. (COMAR.19A1)

4C–04. Hospitalization

Written policy, procedure, and practice provide that when a resident is in need of hospitalization, a staff member accompanies him or her and stays with the resident at least during admission. (COMAR.19G-3)

4C-05. Annual Review of Health Care Delivery System

Each policy, procedure, and program in the health care delivery system is reviewed at least annually by the appropriate health care authority and revised if necessary. Each document bears the date of the most recent review or revision and signature of the reviewer.

4C-06. Supplies—Space—Equipment—Materials

If medical services are delivered in the facility or through contract services, adequate space, equipment, supplies, and materials as determined by the responsible physicians are provided for the performance of primary health care delivery.

4C-07. Health Care Access and Processing of Complaints Regarding

Written policy, procedure, and practice provide for unimpeded access to health care and for a system for processing complaints regarding health care. These policies are communicated orally and in writing to residents on arrival in the facility and are put in a language clearly understood by each resident. MDJJ 4.3.1.1

4C-11. Licensure and Certification of Medical Personnel and Position Description

Appropriate State and Federal licensure, certification or registration requirements and restrictions apply to personnel who provide health care services to resident. The duties and responsibilities of such personnel are governed by written job descriptions approved by the health authority.

- Verification of current license/certifications
- Copy on file of approved job description (COMAR.11D2)

4C-12. Treatment by Nonmedical Personnel—Standing Orders

Treatment by written policy, procedure, and practice provide that treatment by health care personnel other than a physician, dentist, psychologist, optometrist, podiatrist, or other independent providers is performed pursuant to written standing or direct orders by personnel authorized by law to give such orders. Nurse practitioners and physician's assistants may practice within the limits of applicable laws and regulations. (COMAR.19B1)

4C-13. Position Descriptions

The specific duties of qualified medical personnel are governed by written job descriptions approved by the responsible physician and the facility administrator.

- Copy of approved position description on file (COMAR.10A1,2)

4C–14. Immunizations

A history of the resident’s immunizations is obtained when the health appraisal data are collected. Immunizations are updated, as required, within legal constraints. (COMAR.19D1.2)

4C–16. Mental Health Services

Written policy, procedure, and practice specify the provision of mental health services for residents. These services include but are not limited to those provided by qualified mental health professionals who meet the educational and license/certification criteria specified by their respective professional discipline (e.g., psychiatric nursing, psychiatry, psychology, and social work). (COMAR.11D1, .19A2, 3)

4C–19. Pharmaceuticals

Written policy, procedure, and practice provide for the proper management of pharmaceuticals and address the following subjects:

- A formulary specifically developed for the facility prescription practices that requires 1) prescription practices, including requirements only when clinically indicated as one facet of a program of therapy, 2) “stop order” time periods for all medications, and 3) the prescribing provider reevaluates psychotropic medications.
- Procedures for medication receipt, storage, dispensing, and administration or distribution.
- Maximum security storage and periodic inventory of all controlled substances, syringes, and needles.
- Dispensing of medicine in conformance with appropriate Federal and State laws.
- Administration of medication by persons properly trained and under the supervision of the health authority and facility administrator or designee.
- Accountability for administering or distributing medications in a timely manner and according to physician’s orders. (COMAR.19F2, .19F7, .19F8) MDJJ 4.3.1.4

4C–20. Prescription Medication

Psychotropic drugs, such as psychotics or antidepressants, and drugs requiring parental administration are prescribed only by a physician or authorized health provider by agreement with the physician, and then only following a physical examination of the resident by the health provider. Such drugs are administered by the responsible physician, qualified health personnel, or health-trained personnel under the direction of the health authority. (COMAR.19B1, .19E1, 2) MDJJ 4.3.1.4.0.2

4C–21. Medication—Training and Administration (Staff)

The person administering medications has training from the responsible physician and the official responsible for the facility, is accountable for administering medications according to others, and records the administration of medications in a manner and on a form approved by the responsible physician. Medications are provided pursuant to a physician order written directly in the individual healthcare record (or pursuant to a resident's current prescription container if a resident's medications are administered from a current individual prescription container with a current patient-specific label).

- Administration of each dosage of all medications administered to a resident is documented.
- Information concerning significant side effects and/or precautions of prescribed medications are clearly communicated in writing on the medication administration record and readily available to the person administering the medications. Allergies are also clearly indicated.

Non-health care staffs that provide oral medication are

- Designated by name and title
- Trained
- Demonstrate competence and are formally assigned the duty in their position description
- Required to discuss any problems in medication administration with the incoming designated staff and the shift supervisor

Written policy, procedure and practice document that all parental (subcutaneous, intradermal, intramuscular, or intravenous) medications are

- Administered by a licensed healthcare provider of at least the level of an LPN.
- As an alternative, if individually approved by the facility administrator and designated health authority, a resident who has been self administering parental medications prior to entry into the program may continue to do so under supervision (actual medication will be kept in medication area and the resident will report there to self-administer).
(COMAR.19F2, .10C1d) MDJJ 4.3.1.4.0,1

4C–22. Medical, Dental, and Mental Health Screening

Written policy, procedure, and practice require medical, dental and mental health screening to be performed by health-trained or qualified health care personnel on all juveniles, excluding intrasystem transfers on resident's arrival at the facility. All findings are recorded on a form approved by the health authority. The screening form includes at least the following:

- Dental problems
- Mental health problems
- Current illness and health problems, including venereal diseases and other infection diseases

- Use of alcohol and other drugs, which includes types of drugs used, mode of use, amounts used, frequency used, date or time of last use, and a history of problems that may have occurred after ceasing use (e.g., convulsions)
- Past and present treatment or hospitalization for mental disturbance or suicide
- Other health problems designated by the responsible physician

Observation of

- Behavior, which includes state of consciousness, mental status, appearance, conduct, tremor, and sweating
- Body deformities, ease of movement, etc.
- Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of drug abuse

Medical disposition of resident: 1) general population or 2) general population with appropriate referral to health care service or 3) referral appropriate health care service for emergency treatment. (COMAR.19E1, .23B6) MDJJ 3.4, 3.4.1, 3.4.2, 3.4.3

4C–23. Special Medical Needs of Residents

Program staffs are informed of resident’s special medical problems. At the time of admission, staff are informed of any physical problems that might require medical attention. (COMAR.18A, .23B6) MDJJ 3.4.3.4

4C–24. Health Screening at Intake

Written policy, procedure, and practice require health screening by health trained or qualified health care personnel immediately on arrival at the facility for all intrasystem transfers, with all findings recorded on a screening form approved by the health authority. The screening includes at a minimum the following:

Inquiry to

- Whether the resident is being treated for a medical, dental, or mental health problem
- Whether the resident is presently on medication
- Whether the resident has a current medical, dental, or mental health complaint

Observation of

- General appearance and behavior
- Physical deformities, evidence of abuse, or trauma

Medical disposition of resident: 1) general population or 2) general population with appropriate referral to health care service or 3) referral to appropriate health care service for emergency treatment. (COMAR.23B6, .19E1) MDJJ 3.4.1

4C–25. Health Appraisal Data

Written policy, procedure, and practice provide for the collection and recording of health appraisal data and require the following:

- The process is completed in a uniform manner as determined by the health authority.
- Health history and vital signs are collected by health-trained or qualified health personnel.
- Review of the results of the medical examination, tests, and identification of problems is performed by a physician.
- Collection of all other health appraisal data is performed only by qualified health personnel. (COMAR.23B4c, .23B4e)

4C–27. 24-Hour Emergency Medical, Dental, and Mental Health Care

Written policy, procedure, and practice provide for 24-hour emergency medical, dental and mental health care availability as outlined in a written plan that includes arrangements for the following:

- Onsite emergency first aid and crisis intervention
- Emergency evacuation of the resident from the facility
- Use of emergency medical vehicle
- Use of one or more designated hospital emergency rooms or other appropriate health facilities
- Emergency on-call physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community
- Security procedures providing for the immediate transfer of resident when appropriate (COMAR.19A1, .10B11, .10C1a–c)

VID. First Aid Certification—Staff

At all times that resident are present there shall be at least one responsible adult on the premises who has received within the past 3 years a basic certificate in standard first aid issued by the American Red Cross or other recognized authority for each 16 children or portion thereof on the premises.

VID. CRP Certification—Staff

At all times that residents are present there shall be at least one responsible adult on the premises who has a current certificate in cardiopulmonary resuscitation issued by the American Red Cross or other recognized authority for each 16 children or portion thereof on the premises. (COMAR.10B11, .10C6c)

4C.28. Training—Four-Minute Response Time

Written policy, procedure, and practice, provide that care-worker staff and other personnel are trained to respond to health-related situations within 4-minute response time. A training program is established by the responsible health authority in cooperation with the facility administrator that includes the following:

- Recognition of signs and symptoms and knowledge of action required in potential emergency situations
- Administration of first aid and CPR
- Signs and symptoms of mental illness, retardation, and chemical dependency
- Procedures for patient transfers to appropriate medical facilities or health care providers (COMAR.10b11, .10C1a-d, .19A1, .19G1-2)

4C–29. First-Aid Kits

Written policy, procedure, and practice require that first aid kit(s) are available. The responsible physician approves the content, number, location, and procedure for periodic inspection of the kit(s).

4C–31. Special Health Care for Residents Requiring Close Medical Supervision

Written policy, procedure, and practice provide for a special health program for residents requiring close medical supervision. A written individual treatment plan with directions for health care and other personnel regarding their roles in the care and supervision of the patient is developed by the appropriate physician, dentist, or qualified mental health practitioner.

- The procedure includes precautions concerning prescribed medication and medical and mental health conditions.
- Staffs are provided sufficient information and instructions on a “need to know” basis that will allow them to recognize and respond to the need for emergency care and treatment as a result of these medical or mental health or substance abuse problems.

4C–33. Medical and Dental Prostheses

Medical and dental prostheses are provided when the health of the juvenile would otherwise be adversely affected, as determined by the responsible physician.

4C–34. Medical Services—Hospital Agreement

A written agreement exists between the facility administrator and a nearby hospital for all medical services that cannot be provided within the facility. (COMAR.19A1) MDJJ 4.3.1.2

4C–37. Suicide Prevention and Intervention Program

There is written suicide prevention and intervention program that is reviewed and approved by a qualified medical or mental health professional. All staff with responsibility for resident supervision are trained in the implementation of the program. The program includes specific procedure for intake screening, identification, and supervision of suicide-prone juveniles. (COMAR.10c11.19l)

4C–38. HIV-Positive Residents

Written policy, procedure, and practice specify approved actions to be taken by employees concerning residents who have been diagnosed as HIV positive. This policy shall include, at a minimum, the following:

- When and where residents are to be tested
- Appropriate safeguards for staff and resident
- When and under what conditions residents are to be separated from the general population
- Staff and resident training procedures
- Issues of confidentiality (COMAR.19H1–3)

4C–39. Serious and Infectious Disease Management and Exposure Control Plan

Written policy, procedure, and practice address the management of serious and infectious diseases. These policies and procedures are updated as new information becomes available. This should include but is not limited to the following:

- Common self-limiting illnesses (such as the common cold and flu).
- Common contagious illness of childhood (e.g., measles, mumps, chickenpox).
- Containment, isolation, and referral for cases of suspected active tuberculosis.
- Outbreaks of pediculosis (lice) and/or scabies.
- Serious infectious diseases which have a high likelihood of infecting others, if not appropriately identified and contained (e.g., tuberculosis, and blood borne diseases included in the OSHA standard).
- The facility has in place an Exposure Control Plan (required by OSHA) that is updated at least on an annual basis and includes mechanisms for follow-up of staff for potential workplace exposures. The plan must be site-specific. (COMAR.19H)

4C–40. Suspicion of Communicable Disease—Staff and Residents

Written policy, procedure, and practice provide for medical examination of any employee or resident suspected of a communicable disease. (COMAR.10B1a)

4C–45. Medical, Pharmaceutical, or Cosmetic Experiments—Residents

Written policy prohibits the use of residents for medical, pharmaceutical, or cosmetic experiments. This policy does not preclude individual treatment of a resident based on his or her need for a specific medical procedure that is not generally available.

4C–46. Prohibitions on Stimulant, Tranquilizer, or Psychotropic Drug Administration

Under no circumstances is a stimulant, tranquilizer, or psychotropic drug administered for the purpose of program management and control or for purposes of experimental research. (COMAR.21D2, .19F9)

4C–47. Serious Illness, Surgery, Injury, or Death of Resident

Written policy, procedure, and practice provide for the prompt notification of resident’s parents/guardians and the responsible agency in case of serious illness, surgery, injury, or death. (COMAR.24A3–5)

4C–48. Health Record

The health record file contains the following:

- The completed receiving screening form
- Health appraisal data forms
- All findings, diagnoses, treatments, dispositions
- Prescribed medications and their administration
- Laboratory, X-ray, and diagnostic studies
- Signature and title of documenter
- Consent and refusal forms
- Release of information forms
- Place, date, and time of health encounters
- Health service reports, e.g., dental, mental health, and consultations
- Treatment plan, including nursing care plan
- Progress reports
- Discharge summary of hospitalizations and other termination summaries (COMAR.24B9)

FLA.7.19. Health Education

Written healthcare procedures and practice document that health education is provided to all youth. Specific topics to be delivered must include but are not limited to

- Prevention of communicable disease
- AIDS education for all youth
- General information on prevention of alcohol, nicotine products and substance abuse

4C–49. Health Record Confidentiality

Written policy, procedure, and practice uphold the principle of confidentiality of the health record and support the following requirements:

- The active health record is maintained separately from the confinement record.
- Access to the health record is controlled by the health authority.
- The health authority shares with the facility administrator information regarding a resident's medical management, security, and ability to participate in programs. (COMAR.24D1)

FLA.7.22. HIPAA

The facility demonstrates awareness of and adherence to Federal HIPAA requirements as indicated by these select requirements:

- Policy and procedure related to medical and mental health information (“personal health information”) clearly reflect the requirement for confidentiality and non clinical staff have access to a resident's personal health information only on a “need to know” basis.
- HIPAA's “chain of trust” is demonstrated through letters of agreement with medical providers regarding confidentiality of information that the detention center requires.
- The program has an internal system for periodic self-monitoring to ensure HIPAA compliance.
- There is a designated individual at the facility that is responsible for HIPAA compliance.

SECTION 10. FOOD SERVICE

4A–01. Food Services Supervisor—Supervisees—Food Service Certification

A full-time staff member, experienced in food service management, supervises food service operations. MDJJ 5.5.1.1

- All food service employees must successfully complete the food service certification training.

4A–03. Meal Records

Written policy, procedure, and practice require that accurate records are maintained of all meals served. (COMAR.17B9a) MDJJ 5.5.2.1

4A–04. Dietary Allowances and Review

There is documentation that the facility's system of dietary allowance is reviewed at least annually by a dietician to ensure compliance with nationally recommended food allowances. The annual review and approval certifies that the menu incorporates and complies with the following:

- Dietary Guidelines for Americans (published jointly by the United States Department of Agriculture and the United States Department of Health and Human Services)
- Recommended Dietary Allowances or Recommended Dietary intakes published by the National Research Council
- The food guide pyramid published by the national Center for Nutrition and Dietetics (COMAR.17B6–9) MDJJ 5.5.3

4A–06. Single Menu for Staff and Residents

The food service plan provides for a single menu for staff and residents. (COMAR.17B6) MDJJ5.5.4.2

4A–07. Special Diets

Written policy, procedure, and practice provide for special diets as prescribed by appropriate medical or dental personnel. (COMAR.17B4) MDJJ5.5.5.1

4A–08. Prohibition on Use of Food as a Disciplinary Measure

Written policy precludes the use of food as a disciplinary measure. (COMAR.17B5) MDJJ 5.5.5.3

4A–09. Religious Diets

Written policy, procedure, and practice provide for special diets residents whose religious beliefs require the adherence to religious dietary laws. (COMAR.17B4) MDJJ 5.5.5.2

4A–10. Applicable Sanitation and Health Codes

Written policy, procedure, and practice specify that the food services comply with the applicable sanitation and health codes as promulgated by Federal, State, and local authorities. (COMAR.12A1c, .12A4b) MDJJ5.5.6.1

4A–11. Inspections

Written policy, procedure, and practice provide for the following:

- Weekly inspection of all food service areas, including dining and food
- Preparation areas and equipment
- Sanitary, temperature-controlled storage facilities for all foods
- Daily checks of refrigerator and water temperatures by administrative, medical, dietary personnel (COMAR.12A1c, .12A4b, .12G4b) MDJJ 5.5.7.1

4A–12 Temperature

Shelf goods are maintained at 45 degrees to 80 Fahrenheit, refrigerated foods at 35 degrees to 40 degrees Fahrenheit and frozen foods at 0 degrees Fahrenheit or below. (COMAR.12G4b) MDJJ 5.5.7.2

VID. Meals and Snack – Frequency + Milk

Written policy, procedure and practice require that at least three meals, two of which are hot meals, are provided at regular meal times during each 24-hour period.

- There shall not be more than 15 hours between the evening meal and breakfast the following day.
- At least one snack per day is provided.
- Residents are allowed to choose between two kinds of milk for lunch (unflavored whole and unflavored fat free or 2 percent).

FLA.6.07. Meal Count

Written policy, procedure and practice document that food service personnel document the number of meals served to residents at breakfast and lunch through a formal, approved meal count using the following procedures:

- A roster containing the names of all residents is checked off as each youth is served.
- At the end of each meal, the roster is totaled and the number placed on the approved meal count form.
- Meal rosters are maintained onsite.

VID. Deviation from Facilities VID Meal Frequency

Facilities shall receive approval from their regulatory authority if they wish to extend the time between meals on weekends and holidays. There shall never be more 17 hours between the evening meal and breakfast the following day on weekends and holidays.

4A–15. Medical Issues re: Food Service Personnel

Written policy, procedure, and practice provide for adequate health protection for all residents and staff in the facility and residents and other persons working in food service, including the following:

- Where required by the laws and/or regulations applicable to food service employees in the community where the facility is located, all personnel involved in the preparation of food receive a pre-assignment medical examination and periodic reexaminations to ensure freedom from diarrhea, skin infections, and other illness transmissible by food or utensils; all examinations are conducted in accordance with local requirements. (COMAR.090, .10B1c–d) MDJJ 5.5.8.3,5.5.8.4, 5.5.8.5

SECTION 11. PHYSICAL PLANT

2A–01. Building Codes

The facility conforms to applicable Federal, State, and/or local building codes. (COMAR.12A1a)

2A–02. Zoning Ordinance

The facility conforms to applicable zoning ordinances or, through legal means, is attempting to comply with or change such laws, codes, or zoning ordinances. (COMAR.12A1d)

2A–03. Fire Safety Codes

The facility conforms to applicable State and /or local fire safety codes. Compliance is documented by the authority having jurisdiction. A Fire alarm and automatic detection system are required as approved by the authority having jurisdiction, or there is a plan for addressing these or other deficiencies within a reasonable time period. The authority approves any variances, exceptions, or equivalencies that do not constitute a serious life safety threat to the occupants of the facility. (COMAR.12A1b, .12A4a) MDJJ5.2.1

FLA.3.01. Physical Condition

The facility, including the attached buildings and grounds, is clean, landscaped and well maintained.

- Furnishings are in good repair.

2B–01. Physical Plant Design

Physical plant design facilitates personal contact and interaction between staff and residents (COMAR.12A3)

2B–02. Staff Accessibility to Residents

Staff offices in living units are located so that staff are readily accessible to residents. (COMAR.23B3)

2B–08. Facility Capacity

The number of residents does not exceed the facility's rated bed capacity.

FLA.3.02 Sleeping Quarters

All sleeping quarters have

- A toilet/sink that works properly
- Adequate lighting for the tasks performed there
- Bed coverings and pillows
- No extraneous cover, wire mesh, etc. installed over glass, windows, vents or sprinkler heads

FLA.3.04 Designated Activity Space

The center has designated space for

- Academic activities
- Individual counseling
- Large and small group meetings
- Visitation
- Meals
- Indoor and outdoor recreation

VID. Spacing of Beds

Beds shall be at least three feet apart at the head, foot and sides, and double-decker beds shall be at least five feet apart at the head, foot, and sides.

2C-04. Dayrooms—Space

Dayrooms with space for varied resident activities are situated immediately adjacent to the resident sleeping areas but are separated from them by a floor-to-ceiling wall. Day rooms provide a minimum of 35 square feet of space per resident (exclusive of lavatories, shower, and toilets) for the maximum number expected to use the dayroom at one time. (COMAR.12A3)

2C-05. Dayrooms—Seating and Furnishing—Security Issues

Dayrooms provide sufficient seating and writing surfaces for every resident using the dayroom at one time. Dayroom furnishings are consistent with the security needs of the resident assigned. (COMAR.12A3)

2C-06. Toilets

Toilets are provided at a minimum ration of one for every 12 residents in male facilities and one for every eight residents in female facilities. Urinals may be substituted for up to one half of the toilets in male facilities. Urinals may be substituted for up to one half of the toilets in male facilities. All housing units with five or more residents have a minimum of two toilets. (COMAR.12F2c)

2C-07. Wash Basins—Hot and Cold Water

Residents have access to operable wash basins with hot and cold running water in the housing units at a minimum ration of one basin for every 12 occupants. (COMAR.12F2a)

2C–08. Showers

Residents have access to operable shower with temperature controlled hot and cold running water at a minimum ration of one shower for every eight residents. Water for showers is the thermostatically controlled to temperatures ranging from 100 degrees Fahrenheit to 120 degrees Fahrenheit to ensure the safety of residents and to promote hygienic practices. (COMAR.12F2b)

2C–09. Handicapped Residents

Handicapped residents are housed in a manner that provides for their safety and security. Rooms or housing units used by the handicapped are designed for their use and provide for integration with the general population. Appropriate facility programs and activities are accessible to handicapped residents confined in the facility.

2D–01. Lighting

Written policy, procedure, and practice require that all housing areas provide at a minimum the following:

- Lighting of at least 20 foot-candies at desk level and in the personal grooming area
- Natural light available from an opening or window that has a view to the outside or from a source within 20 feet of the room
- Other lighting requirements for the facility determined by tasks to be performed
- Access to drinking fountain
- Heating, ventilation, and acoustical systems to ensure healthful and comfortable living and working conditions for juveniles and staff. (COMAR.12K2, .12L2, .12M)

2D–04. Circulation

Circulation is at least 15 cubic feet of outside or recirculated filtered air per minute per occupant for rooms, housing areas, staff stations, and dining areas, as documented by an independent, qualified source.

2D–05. Room Temperature

Temperatures in indoor living and work areas are appropriate to the summer and winter comfort zones. (COMAR.12L2)

2E–05. School Classrooms

School Classrooms are designed in conformity with local or State educational requirements.

2E–07. Storage—Loading Areas—Garbage Disposal

There are provisions for adequate storage and loading areas and garbage disposal facilities.

Garbage dumpsters are located on a concrete or asphalt base. (COMAR.12C2)

2E-08. Toilet and Wash Basin—Food Prep Areas

Toilet and wash basin facilities are available to food service personnel and residents in the vicinity of the food preparation area.

2E-09. Janitorial Space

Adequate space is provided for janitorial closets accessible to the living and activity areas. The closets are equipped with a sink, cleaning implements, and a system of ventilation.

2F-02. Handicap Accessible

All parts of the facility that are accessible to the public are accessible to and usable by handicapped staff and visitors.

3A-03. Resident Population Movement

The facility maintains a daily report on resident population movement. MDJJ 5.1.2.2.01

3A-04. Positioning of Staff—Supervision of Residents

Juvenile care workers positions are located in or living areas to permit workers to hear and respond promptly to emergency situations.

3B-01. Fire Regulations

Written policy, procedure, and practice specify the facility's fire regulations and practices. These include provision for an adequate fire protection service, including but not limited to the following:

- A system of fire inspection and testing of equipment at least quarterly or at intervals approved by the authority having jurisdiction, following the procedures stated for variance, exception, or equivalencies
- An annual inspection by local or State officials or other qualified person(s).
- Availability of fire protection equipment at appropriate locations throughout the facility. (COMAR.12A1-6, .12A4a)

3B-02. Fire Inspections

Written policy, procedure, and practice provide for a comprehensive and thorough monthly inspection of the facility by a qualified fire and safety officer for compliance with safety and fire prevention standards. There is a weekly fire and safety inspection of the facility by a qualified

departmental staff member. This policy and procedure is reviewed annually and updated as needed.

3B–05. Flammable, Toxic, and Caustic Material

Written policy, procedure, and practice govern the control and use of all flammable, toxic, and caustic material.

4B–01. Sanitation Inspections

Written policy, procedure, and practice require weekly sanitation inspections of all facility areas. MDJJ5.6.1

4B–02. Sanitation and Health Codes

The facility administration complies with applicable Federal, State, and local sanitation and health codes. (COMAR.12A1c) MDJJ5.2.2

4B–03. Potable Water Supply

The potable water supply, whether owned and operated by the public water department or the institution, is approved by an independent, outside source to be in compliance and jurisdictional laws and regulations. (COMAR.12N4) MDJJ5.6.2

4B–04. Waste Disposal System

The facility provides for a waste disposal system in accordance with an approved plan by the appropriate regulatory agency. (COMAR.12A1a, c) MDJJ 5.6.3

4B–05. Vermin and Pests

Written policy, procedure, and practice provide for the control of vermin and pests. (COMAR.12A4–6) MDJJ 5.6.4.1

4B–06. Housekeeping Plan

There is a written housekeeping plan for the facility's physical plant. MDJJ5.6.4.2

VID. Facility Grounds

The facility's grounds shall be safe, properly maintained, and free of clutter and rubbish. The grounds include, but are not limited to, all areas where residents, staff, and visitors may reasonably be expected to have access, including roads, pavements, parking lots, open areas, stairways, railings, and potentially hazardous or dangerous areas. MDJJ 5.1.5.1

VID. Maintenance of Facility

The interior and exterior of all buildings shall be safe, properly maintained, clean and in good working order. This includes, but is not limited to, required locks, mechanical devices, indoor and outdoor equipment, and furnishings. MDJJ 5.1.5.1

VID. Furnishings

All furnishings and equipment shall be safe, clean, and suitable to the ages and number of residents. (COMAR.26B2b) MDJJ 5.1.5.1

5G–03. Space—Religious Activities

Space is available for religious services. (COMAR.16F1–2)

SECTION 12. SECURITY

2G–02. Perimeters Control

The facility's perimeter is controlled by appropriate means to provide that juveniles remain within the perimeter and to prevent access by the general public without proper authorization. (COMAR.26B2b) MDJJ 5.1.2.2

FLA.8.01. Staffing—Additional Coverage

Written facility operating procedures outline procedures to be followed when additional coverage is needed.

- The procedure ensures there is always at least one staff of the same gender as the resident on duty.
- The staff schedule is provided to staff or posted in a place visible to staff.
- There is a holdover and/or overtime procedure which includes telephone numbers of staff who may be accessed when additional coverage is needed.

L–101. Razor Wire

In facilities that use razor wire there shall be extraction procedures and the necessary equipment. Appropriate staff shall be trained in these procedures.

2G–03. Entry and Departure Points

Pedestrians and vehicles enter and leave at designated points in the perimeter.

2G–04. Security Items

Security items are stored in a secure but readily accessible depository outside of resident housing and activity areas. (COMAR.26B1)

3G–01. Security and Control Manual

There is a manual containing all procedures for facility security and control, with detailed instructions for implementing these procedures. The manual is available to all staff and is reviewed at least annually and updated as necessary.

FLA.8.10. Riot and Disturbance Plan

Written policy, procedure and practice document the center has a riot and disturbance plan. The plan includes the following:

- The plan has been reviewed and approved by the DJJ Regional Director or designee.
- Provision of the immediate notification of appropriate facility personnel, law enforcement, Inspector General, and others as necessary; in accordance with departmental policy.
- Details of the procedures to resolve the situation, including a) attempts to reason with the disorderly group, b) a proclamation that includes specific actions, and c) use of force.

3G–02. Communication Systems

The facility has a communication system between the control center and resident living areas. MDJJ 5.1.4

3A–05. Shift Assignments

There are written operational shift assignments that State the duties and responsibilities for each assigned position in the facility; these shift assignments are reviewed at least annually and updated if necessary. (COMAR.09B4)

3A–06. Shift Assignments—Read Upon Assumption of New Duties

Written policy, procedure, and practice provide for personnel to read the appropriate shift assignment each time they assume a new position and to sign and date the assignment.

3A–07. Gender Supervision Guidelines

Written policy, procedure, and practice require that when both males and females are housed in the facility, at least one male and one female staff member are on duty at all time.

VID. Trained Staff—Supervision of Residents

Written policy, procedure, and practice provide that only trained staff supervise residents. (COMAR.10C3, .10A1)

3A–08. Prohibition on Residents Authority Over Other Residents

At no time will residents be allowed to supervise or have authority over other residents. MDJJ 5.4.2

3A–09. Log Requirements

Written policy, procedure, and practice require that facility staff maintain a permanently bound log with consecutively numbered pages and prepare shift reports that record routine information, emergency situations, and unusual incidents.

- Logbook entries which impact the security and safety of the program are highlighted.
- All entries are brief and legibly written in black ink.
- All recording errors are struck through with a single line and “void” written by the error. The staff person must initial the correction. The use of whiteout is prohibited.
- Logbooks are retained for a period of 3 years.
- Logbooks shall document at a minimum: review by the incoming shift administrator and staff assigned to the unit and weekly review by the facility administrator or designee. MDJJ5.1.2.2.02

3A–10. Inspection of Occupied and Unoccupied Areas—Schedule

Written policy, procedure, and practice provide that supervisory staff conduct a daily inspection, including holidays and weekends, of all areas occupied by juveniles and submit a daily written report to their supervisor. Unoccupied areas are to be inspected weekly. MDJJ 5.1.2.2.03

FLA.8.05. Security Checks

Written policy, procedure and practice document security checks conducted daily on each shift and documented in the facility log book. The security checks include

- A perimeter check of the outdoor area, gates and security fences to ensure they have not been tampered with and are secure and to check for contraband.
- All doors, locks, windows, fences, gates, and metal detectors are operational and in good repair.
- All existing security cameras are operational and in use.
- All video and /or audio systems with recording capability maintain a 30-day history. In cases where incidents (abuse) are suspected to have occurred, the tapes are retained until the issue is resolved.
- All existing audio systems are operational.
- There is documentation that deficiencies are reported through maintenance and administration.

3A–11. Administrative Visits to Living and Activity Areas

Written policy, procedure, and practice require that the facility administrator or designee, assistant facility administrator(s), and designated department heads visit the facility's living and activity areas at least weekly to encourage informal contact with staff and residents and to informally observe living and working conditions.

3A–12. Inspection of Security Devices

Written policy, procedure, and practice require at least weekly inspection and maintenance of all security devices, and corrective action is initiated when necessary.

3A–13. Resident Accounting

The facility has a system for physically counting residents. The system allows for managing the movement of and identifying the specific location of each youth at all times.

- There is a current written facility operating procedure addressing formal counts, random counts, and emergency counts.
- The facility operating procedure provides guidelines for staff to follow conducting counts.
- Specific times are designated for conducting formal counts.
- All formal counts and emergency counts are documented in the facility log book and reported to master control.
- The facility operating procedure specifies conditions that should exist for an emergency count to be taken such as a) reasonable belief that a youth is missing, b) after a major disturbance, and c) at other times deemed necessary.
- Youth are not allowed out of direct sight supervision of staff.
- Staff follow good basic supervision practices, including a) effective positioning of staff for optimum sight and sound supervision, b) communicating effectively with other staff, and communicating effectively with residents.

3A–14. Regulation of Resident Movement

Written policy, procedure, and practice provide that staff resident movement MDJJ 5.1.2.2.04

3A–15. Transportation of Residents Outside of the Facility

Written policy, procedure, and practice govern the transportation of residents outside the facility and from one jurisdiction to another.

- All restraint equipment used in transporting youth is double locked.
- During transport/escort, each resident is restrained either a) waist chains, handcuffs, and leg irons or b) handcuffs and leg irons prior to leaving the facility.

- All residents are under constant supervision when outside a secure area of operation.
- A minimum of two staff accompany each vehicle trip unless one staff is authorized by the facility administrator.
- Youth are positively identified before departure.
- Vehicles used to transport youth are equipped with security screens and working communication equipment.
- Once a vehicle is issued, the transporting staff conducts a search of that vehicle.
- All articles to accompany the resident are searched prior to being placed in the vehicle.
- Unless there is a medical reason to the contrary, and regardless of custody, residents are always in leg irons while in the hospital. MDJJ 5.1.2.2.05

FLA.8.10. Security Checks of Vehicles

Written policy, procedure, and practice regarding security of vehicles document

- All program vehicles are locked when not in use.
- Keys to program vehicles are stored in the secure area.

FLA-9.06. Safety Inspections of Vehicles

Written policy, procedure, and practice document an annual safety inspection is conducted by a certified mechanic on all vehicles that transport residents to ensure safety. Vehicles that transport residents are equipped with the following:

- Fully stocked first aid kit
- Fire extinguisher
- Seat belts securely anchored

Documentation of completion of safety repairs is present.

VBJJ. Restraint Equipment

Written policy, procedure, and practice provide that staff may only use restraint equipment issued by the facility.

3A-16. Prohibition on Use of Restraints as Punishment

Written policy, procedure, and practice provide that instruments of restraint, such as handcuffs, leg irons, and straightjackets, are never applied as punishment and are applied only with the approval of the facility administrator for the following:

- During movement of youth outside of any secure area
- As a prevention against self-injury, injury of others or property damage

If restraints are applied:

- Residents are not restrained for more than 1 hour unless authorized by the facility administrator after a medical or mental health review.
- Constant supervision is provided.
- Residents are never secured to fixed objects.
- Leg irons are prohibited on pregnant females.
- Binding hands and feet are prohibited.

If a restraint chair is used:

- Approval must be obtained by the facility administrator or designee.
- A 10-minute observation log is maintained and 10-minute circulation checks are documented.
- Residents are not restrained for more than 1 hour unless authorized by the facility administrator after a medical or mental health review. (COMAR.21D3, .26C2Ciii) MDJJ 5.4.3, 5.4.4

3A–17. Distribution of Restraint Equipment

Written policy, procedure, and practice provide that the facility maintains a written record of routine and emergency distribution of restraint equipment.

- A written inventory is maintained of all mechanical restraints kept in the facility.
- Access to restraining devices is limited to staff who are designated by the facility administrator.
- A log is maintained of all incidents involving the use of mechanical restraints.

3A–19. Contraband Control—Searches

Written policy, procedure, and practice provide for searches of facilities and residents to control contraband and provide for its disposition. These policies are made available to staff and residents. Policies and procedures are reviewed at least annually and updated if necessary.

- Searches of common areas at the beginning of each shift (e.g., recreation areas, day rooms, classrooms, dining room).
- Search of residents following outdoor activities, visitation, outings, meals, etc.
- Unannounced room searches.
- All searches are documented.
- Findings and disposition of contraband are documented. (COMAR.26B5)

FLA.8.14. Visual Checks of Residents When Maintained in Sleeping Rooms

Written policy, procedure, and practice document that staff visually check the safety and security of each resident at least every 15 minutes anytime residents are placed in their rooms (including rest periods).

- Written documentation of room checks is maintained on site.

22.VAC.42–10–770. Searches

- A. Strip searches and body cavity searches are prohibited, except
1. As permitted by other applicable State regulations
 2. As ordered by a court of competent jurisdiction
- B. A facility that does not conduct pat-downs shall have a written policy prohibiting them. A facility that conducts pat-downs shall develop and implement written policies and procedures governing them that shall provide that
1. Pat-downs shall be limited to instances where they are necessary to prohibit contraband.
 2. Pat-downs shall be conducted only in accordance with the written policies and procedures.
 3. Pat-downs shall be conducted by personnel of the same gender as the client being searched.
 4. Pat-downs shall be conducted only by personnel who are specifically authorized to conduct searches by the written policies and procedures.
 5. Pat-downs shall be conducted in such a way as to protect the subject's dignity and in the presence of one or more witnesses.

3A–22. Key Control

Written policy, procedure, and practice govern the control and use of keys.

- The written procedure includes procedures for lost, misplaced or damaged keys.
- The written procedure prohibits residents from possessing any keys.
- The written procedure includes procedures to be followed in the event an employee carries keys home.
- The facility administrator has designated, in writing, a position as the Key Control Officer and policy documents who is responsible for the inventory, issuance, return and documentation of active, restricted, and emergency keys in the control room.
- Access to the emergency key locker is designated in writing and limited to the key control staff and shift administrators.
- All egress door keys are individually identified by both touch and sight.
- Permanent issue keys are authorized in writing by the facility administrator.
- All key lockers are kept locked when not in use.
- There is a master key inventory maintained in a secure place.
- The facility insures that no personal keys are allowed in any area of the facility that residents have access.

VBJJ. Emergency Keys

Emergency keys are identifiable by sight and touch.

FLA.8.07. Escape Prevention and Response Plan

Written policy, procedure, and practice document that the center has an escape prevention and response plan that ensures swift action by staff and required notifications are made.

- The plan has been reviewed and approved by the DJJ Regional Director or designee.
- The plan provides guidance for the reporting of escapes to include individual staff responsibility, in accordance with departmental policy.
 - Immediate notification to the appropriate law enforcement agency in the county where the escape occurred.
 - Within 2 hours, notification to the State attorney and the committing judge (or chief judge if applicable) in the jurisdiction where the resident was charged or the petition for delinquency originated.
 - If the youth is returned to the center, the center notifies the State's attorney of the jurisdiction where the criminal charges or petitions for delinquency arose and the judge who imposed the sentence.
 - The plan assigns responsibility for maintaining an escape log (permanent log).
 - The plan details procedures to be followed in the recapture efforts.
 - Following an escape, a review is conducted with recommended improvements included in the plan.

3A–23. Tool Control

Written policy, procedure, and practice govern the control and use of tools and sensitive items.

- One individual has been designated as the tool control staff.
- Inspections of tool areas are performed at least monthly.
- All tools that can be marked without damage are etched with an ID code identifying the tool as department property.
- All tools are kept in a locked room or secure area when not in use.
- Inventory lists are typed and readily available for inspection.
- When a tool is missing, facility management is notified immediately. This notification is followed by a written report by the staff member supervising inventory.

FLA.8.11. Kitchen Equipment—Inventory and Storage

Written policy, procedure and practice document that kitchen equipment and eating utensils must be inventoried and kept in a secure location.

- Kitchen utensils (sharps) used for the preparation of food are stored in locked drawers.

- The center maintains an inventory of kitchen utensils.
- All eating utensils are accounted for by staff in writing following each meal and prior to youth leaving the dining area.

3A–26. Chemical Agents and Related Security Devices—Availability, Control, and Use

Written policy, procedure, and practice govern the availability, control, and use of chemical agents and related security devices and specify the level of authority required for their access and use. Chemical agents are used only with the authorization of the facility administrator or designee. (COMAR.26C, B, .21D2)

3A–27. Chemical Agents and Related Security Devices—Inventory

Chemical agents and related security equipment are inventoried at least monthly to determine their condition and expiration dates.

3A–28. Chemical Agents and Related Security Devices—Written Reports

Written policy, procedure, and practice require that personnel using chemical agents and/or force to control residents submit written reports to the facility administrator or designee no later than the conclusion of the tour of duty.

3A–29. Injury and Firearm Usage

Written policy, procedure, and practice provide that persons injured in an incident receive immediate medical examination and treatment. Firearms are not permitted in the facility except in emergency situations by law enforcement personnel. (COMAR.19A1)

3A–31. Use of Force

Written policy, procedure, and practice restrict the use of physical force to instances of justifiable self defense, protection of others, protection of property, and prevention of escapes, and then only as a last resort and in accordance with appropriate statutory authority. In no event is physical force justifiable as punishment. A written report is prepared following all uses of force and is submitted to administrative staff for review. (COMAR.21D4)

FLA.8.19. Security Audits

Written policy and procedure and practice document that the facility administrator conducts a minimum of two random security audits annually.

SECTION 13. VOLUNTEERS

1G–01. Volunteer Program—Staff Supervision

There is a staff member who is responsible for operating a citizen involvement and volunteer service program for the benefit of residents. (COMAR.11E1) MDJJ 4.7.1.1.01

1G–02. Volunteer Program—Volunteer’s Authority

Written policy, procedure, and practice specify the lines of authority, responsibility, and accountability for the facility’s citizen involvement and volunteer services program. (COMAR.11EZa) MDJJ 4.7.1

1G–03. Volunteers—Screening and Selection

The screening and selection of volunteers allows for recruitment from all cultural and socioeconomic parts of the community. MDJJ 4.7.1.1.03

1G–04. Volunteers—Curtailing, Postponing or Termination of Service

Written policy, procedure, and practice provide that the facility administrator curtails, postpones, or terminates the services of a volunteer organization when there are substantial reasons for doing so. MDJJ4.7.1.2.02

1G–05. Volunteers—Registration and Identification

There is an official registration and identification system for volunteers.

1G–06. Volunteers—Performance of Professional Services

Written policy specifies that volunteers may perform professional services only when they are certified to do so. (COMAR.11E2h)

1G–07. Volunteers—Orientation and Training

Written policy, procedure, and practice provide that each volunteer completes an appropriate, documented orientation and/or training program prior to assignment. (COMAR.11E2d) MDJJ 4.7.1.2

1G–08. Volunteers—Security and Confidentiality

Volunteers agree in writing to abide by facility policies particularly those relating to the security and confidentiality of information. MDJJ 4.7.1.2.01

SECTION 14. YOUTH RIGHTS

FLA–3.05. Residents—Access to Information and Services

The following items are posted in areas routinely assessable to the residents or provided in writing. Information includes

- Telephone guidelines
- Program and resident searches
- Visitation policy
- Program rules and consequences for violating rules
- Child Abuse Hotline or DJJ Incident/Complaint Hotline telephone numbers
- Program activity schedule
- The cycle menu for food services
- Grievance procedures
- Process to access health care
- Process to access mental health care
- Process to access substance abuse services
- The behavior management system

FLA–3.12. Visitation Rules

Visitation rules are posted at the visitor’s entrance and provided to visitors upon entry. Written operational procedures and practice document:

- The days of the week residents are permitted visitors and visiting hours (1 day per week is required).
- The designated areas for visitation.
- Visitation times are available to parents, guardians and other approved individuals so they are aware of visitation days and times.
- Unlimited visits by attorneys or legal representatives.
- Requirements for a picture ID of all visitors.
- Requirements for visitors to sign a visitation log upon entry.
- Searches of visitors with an electronic search device such as a metal detector is mandatory.
- Adequate supervision of youth and visitors is provided by staff.
- The process used to terminate visitation if the visit has been deemed detrimental to the resident’s welfare or when the security of the program is threatened.
- Staff searches of designated visitation areas before and after visitation.
- Staff searches of residents following visitation.

3D–02. Residents—Access to Counsel

Written policy, procedure, and practice ensure and facilitate resident access to counsel and assist juveniles in making confidential contact with attorneys and their authorized representatives. Such contacts includes, but is not limited to, telephone communications, uncensored correspondence, and visits. (COMAR.16B8)

VID. Prohibitions

The following actions are prohibited:

- Deprivation drinking water or food necessary to meet a resident's daily nutritional needs except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record
- Limitation on contacts and visits with the resident's attorney, a probation officer, regulators or placing agency representative
- Bans on contacts and visits with family or legal guardians except as permitted by other applicable State regulations or by order of a court of competent jurisdiction
- Delay or withholding of incoming or outgoing mail except as permitted by other applicable State and Federal regulations or by order of a court of competent jurisdiction;
- Any action which is humiliating, degrading, or abusive
- Corporal punishment
- Subjection to unsanitary living conditions
- Deprivation of opportunities for bathing or access to toilet facilities except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record
- Deprivation of health care
- Deprivation of appropriate services and treatment
- Application of aversive stimuli except as permitted pursuant to other applicable State regulation
- Administration of laxatives, enemas or emetics except as ordered by a licensed physician or poison control center for a legitimate medical purpose and documented in the resident's record
- Deprivation of opportunities for sleep or rest except as ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record (COMAR.21D1, .16B8, .21B) MDJJ 5.3, 5.4.1.1, 5.5

FLA–3.10. Clothing

Residents are provided clean clothing at the following intervals:

- Outer clothing at least three times a week
- Undergarments and socks daily
- Clothing is in good condition and not in need of repair or replacement (COMAR.17D1) MDJJ 5.6.5.2

VBJJ. Grievances

Written policy, procedure and practice shall provide that residents are oriented to and have continuing access to a grievance procedure which provides for

- Resident participation in the grievance process, with assistance from staff on request
- Documented, timely responses to all grievances with the reasons for the decision
- At least one level of appeal
- Administrative review of grievances

- Protection of residents from reprisal for filing a grievance
- Retention of all documentation related to grievances for 3 years from the date of the filing of the grievance
- Hearing of an emergency grievance within 8 hours

4B–11. Resident’s Personal Clothing

Written policy, procedure, and practice require that the facility provides for the thorough cleaning and, when necessary, disinfecting of resident personal clothing before storage or before allowing the resident to keep and wear personal clothing. MDJJ 5.6.5.4

4B–12. Linens

Written policy, procedure, and practice provide for issue of suitable, clean bedding and linen, including two sheets, pillow and pillowcase, one mattress, and sufficient blankets to provide comfort under existing temperature controls. There is provision for linen exchange at least weekly. MDJJ 5.6.5.5

VBJJ. Showers

Written policy, procedure, and practice provide and approved shower schedule that allows daily showers. MDJJ 5.6.6.1

4B–14. Personal Hygiene

Written operational procedures and practice for personal hygiene document that residents are

- Provided articles for personal grooming, such as toothpaste, soap, toilet paper, sanitary products, and deodorant
- Required to bathe daily unless medically contraindicated
- Required to keep fingernails clean and clipped so as not to extend beyond the tips of fingers for safety and security reasons
- Encouraged and permitted to brush their hair each day
- Permitted to shampoo their hair daily
- For males, permitted to shave
- Provided instruction in personal hygiene (COMAR.17F2) MDJJ 5.6.6.2

4B–15. Hair Care Services

There are hair care services available to residents.

5D–17. Resident’s Work Assignments—Prohibitions

Residents are not required to participate in uncompensated work assignments unless the work is related to housekeeping, maintenance of the facility or grounds, personal hygienic needs, or is

part of an approved vocational or training program or approved community service. (COMAR.21D1)

5D–18. Resident’s Work Assignments—Prohibitions Continued

Resident are not permitted to perform any work prohibited by State and Federal regulations and statutes pertaining to child labor.

FLA–3.06. Daily Activity Schedule

There exists a daily activity schedule which is posted in all living areas. There is documentation that the activity schedule is substantially followed. The schedule provides for

- School class schedule
- Visitation schedule
- Telephone schedule
- Meal and snack schedule
- Hygiene periods
- Structured activities provided by program staff during school holidays
- Leisure activities which include the use of the television
- At least 1 hour of large muscle activity daily, conducted outdoors (weather permitting)

5F–03. Recreation

Written policy, procedure, and practice grant juveniles access to recreational opportunities and equipment, including, when the climate permits, outdoor exercise. (COMAR.18C1a–b) MDJJ 4.5

5F–04. Recreation Schedule

Written policy, procedure, and practice provide for recreation schedules and a plan for constructive leisure time and activities. MDJJ 4.5.1.3

5F–06. Recreation—Large Muscle Activity

Written policy, procedure, and practice provide a recreation and leisure-time plan that includes, at a minimum, at least 1 hour per day of large muscle activity and 1 hour of structured leisure-time activities. (COMAR.26D3b) MDJJ4.4.1.3

FLA–3.07. Religious Services

Written operational procedure and practice document that all residents are given the opportunity to participate in religious services. The following elements are present:

- Participation is voluntary.

- Nonpunitive alternative activities are provided for residents who do not participate.

5G–04. Practice of Religious Faith

Written policy, procedure, and practice provide that residents have the opportunity to participate in practices of their religious faith that are deemed essential by the faith’s judicatory, limited only by documentation showing threat to the safety of persons involved in such activity or that the activity itself disrupts order in the facility. (COMAR.16F1) MDJJ 4.6

5H–01. Correspondence

Written policy and procedure governing correspondence of residents are made available to all staff and residents and are reviewed annually and updated as needed.

- All incoming letters and packages are screened or inspected for contraband and to detect information which could present a threat to the security or safety of the program (i.e., escape plans or gang information). Privileged mail (correspondence from the youth’s attorney of record, Juvenile Probation Officer, or clergy) may be searched for contraband only, not for written content.
- Envelopes used for outgoing mail are reviewed by staff to ensure that obscene writing, illegal activity, or gang related slogans and signs are not present.
- The procedure in place to ensure residents are prevented from contacting their crime victim.
- Writing materials and postage are provided by the program for mailing of at least two letters per week.
- There is no restriction on legal correspondence and postage for all legal correspondence is provided.

5H–02. Mailing Cost

When the resident bears the mailing cost, there is no limit on the volume of letters residents can send or receive.

5H–03. Postage Allowance—Indigent Residents

Written policy, procedure, and practice provide that indigent residents, as defined in policy, receive a specified postage allowance to maintain community ties.

5H–04. Sealed Correspondence

Written policy, procedure, and practice specify that residents are permitted to send sealed letters to a specified class of persons and organizations, including but not limited to courts, counsel, officials of the confining authority, administrators of grievance systems, and members of the releasing authority. (COMAR.16B6) MDJJ 7.2.1.1

5H–05. Correspondence—Limitations

Written policy, procedure, and practice grant residents the right to communicate or correspond with persons or organizations subject only to the limitations necessary to maintain facility order and security. (COMAR.16B6)

5H–06. Publications

Written policy, procedure, and practice govern resident access to publications. MDJJ 7.2.1.5

5H–07. Correspondences—Inspection for Contraband and Read, Censored, Rejected Based on Legitimate Facility Interests

Written policy, procedure, and practice provide that resident’s mail, both incoming and outgoing, may be opened and inspected for contraband. When based on legitimate facility interests of order and security, mail may be read, censored, or rejected. The resident is notified when incoming or outgoing letters are withheld in part or in full. (COMAR.26B4) MDJJ 7.2.1.2

5H–08. Resident Monies

Written policy, procedure, and practice require that all cash received through the mail is held for the resident in accordance with the procedures approved by the parent agency.

5H–09. Correspondence—Timeframe re: Receipt by Resident and Mailing

Written policy, procedure, and practice require that incoming and outgoing letters are held for no more than 24 hours, and packages for no more than 48 hours, excluding weekends and holidays.

5H–11. Telephone Usage

Written policy, procedure, and practice provide for the use of the telephone documents:

- Hours of telephone availability
- Procedure for incoming telephone calls to residents
- Enhancements to telephone calls that may be initiated as a privilege or as a part of the behavior management system
- The procedure in place to ensure residents are prevented from contacting their crime victim
- Youth are permitted at least 15 minutes of telephone calls per week
- When residents have telephone privileges and parents are unable to accept collect calls, residents are permitted to initiate a minimum of one telephone call to their home each week at the expense of the facility (COMAR.16B2) MDJJ 7.2.1.3

5H–12. Visitations

Written policy, procedure, and practice govern visiting and are reviewed annually and updated if needed.

5H–13. Visitation Limitations

Written policy, procedure, and practice grant residents the right to receive visits, subject only to the limitations necessary to maintain facility order and security. (COMAR.16B2) MDJJ 7.2.1.4

5H–14. Visitation—Informal Communication and Contact

Written policy, procedure, and practice provide that resident visiting facilities permit informal communication, including opportunity for physical contact.

5H–15. Special Visits

Written policy, procedure, and practice govern special visits. (COMAR.16B2)

5H–16. Visitors—Registration, Search and Supervision

Written policy, procedure, and practice specify 1) that visitors register on entry into the facility and 2) the circumstances under which visitors are searched and supervised during the visit.

FLA–3.11. Grievances

Written policy, procedure and practice document that the program has a resident grievance process that allows residents to grieve, in writing, the actions of program staff or the resident's peers, or conditions or circumstances of care and treatment or placement in confinement.

- There is an informal phase that permits the youth to resolve the complaint or condition with staff on duty at the time of the grieved situation.
- Grievances not resolved, must be forwarded to the supervisor within 2 hours.
- If the resident submits the grievance to a supervisor, the supervisor will render a decision within 24 hours of receiving the grievance.
- If the supervisor does not resolve the grievance, it will be forwarded to the facility administrator for review within 3 days.
- The facility administrator or designee shall document finding and action taken within 3 days of receiving the grievance excluding weekends and holidays.
- All grievances are signed by staff and resident. The resident signs to acknowledge receipt of decisions of all formal grievances.
- There is a system of maintaining all grievances and findings in a central file for a period of 1 year.

Appendix E
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Facility Incident Data

Facility Incidents *

July 1, 2002 to June 30, 2003

Facility Type	S	GH	GH	D	S	D, S	D, C	D, C	D	D, C	C	C	C	C	C	C	Total Incidents
Facility Name	Catonsville SS	Alleghaney Co. Girls	Sykesville SCGH	Balto. City JJC	MD Youth Res Ctr	Cheltenham YF	J. D. Carter YC	Hickey School	Noyes CC	Waxter CC	Backbone Mt. YF	Greenn Ridge YC	Meadow Mt. FY	O'Farrell CC	Savage Mt. YC	Schaefer House	
Type of Incident	Youth-Involved Incidents																
Life threatening injury or illness								3	1								4
Admission to Hospital of a youth		2			1	6	4	8	2	5				1			29
Youth requiring non-routine off grounds medical care	2	10	1		9	54	2	38	10	25	7	8	6	9	3	5	189
Arrest of youth(s)					2	2		3	1					3		1	12
Attempt Escape from a facility des						4	4	59	1	3							71
Attempt Escape from DJS Custody						1	1										2
AWOL of Youth(s)	10	7	6		30	2		3	2	2	2	1		28	2		95
Curfew Violation						1											1
Delinquent or criminal act by a youth	1	1			1	16		2	4	18				1	1		45
Escape from a facility designated by law as a place of						4		3									7
Escape from a staff secure facility															1		1
Escape from DJS Custody						1											1
1st, 2nd, or 3rd degree sex offense involving any youth(s)		1				1	1	9		1							13
Sexual assault youth on youth										5							5
Sexual assault youth on youth/not in DJJ Custody						6	1	5	1	1		1	1				16
Law enforcement on grounds for incident, inquiry or allegation	2	1	2		2			1	8	8	1			5			30
Group distrubance resulting in bodily harm			1			7		5	2	4							19
Locked door seclusion of a youth for more than eight hours						7		1		2							10
Neglect	1					5		93	2	1							102
Other	1				4	21	6	120	13	5		4				2	176
Physical assault youth on youth/no injury reported	4		2	1	35	325	18	22	156	76	26	1	4	55		2	727
Physical assault youth on youth/minor injury	2	1	1		9	93	2	421	91	8	4	4	1	10	4		651
Physical assault youth on youth - more than first aid	1				1	54	2	97	4	6	1			5	1		172
Physical Child Abuse					2	29	1	2	7	6				2		1	50
Physical Child Abuse/Not in DJJ Custody			3		1	2	2	9	3	6				1			27
Physical plant problem		1				3		11	1	3	1	2	1		1		24

Facility Incidents *

July 1, 2002 to June 30, 2003

Facility Type	S	GH	GH	D	S	D, S	D, C	D, C	D	D, C	C	C	C	C	C	C	Total Incidents
Facility Name	Catonsville SS	Alleghaney Co. Girls	Sykesville SCGH	Balto. City JJC	MD Youth Res Ctr	Cheltenham YF	J. D. Carter YC	Hickey School	Noyes CC	Waxter CC	Backbone Mt. YF	Greenn Ridge YC	Meadow Mt. FY	O'Farrell CC	Savage Mt. YC	Schaefer House	
Illegal use or possession of firearms or other deadly weapon by		1				7		1		2				1			12
Possession of Contraband	1					19		1	2	3			1	1			28
Suspected Illegal Substance or paraphernalia discovered	6	2			4	14		3	1	5	1	2	2	5		3	48
Sexual Child Abuse			1							1							2
Sexual Child Abuse/Not in DJJ Custody			4			4		33	3	12	1		1		1		59
Suicidal behavior					1	10	1	29	4	10	1			1	2		59
Suicide Attempt		1				4	3	54	1	12							75
Suicide Gesture		2	2	1		19	8	32	12	51					1		128
Suicide Ideation	1		1		2	10	4	21	11	29	2	1	1	2	1	1	87
Use of Force/no injury reported		2			8	26	6	320	32	66	12	10	6	38	4		530
Use of Force/minor injury					1	1		7	1	2				3			15
Use of Force - more than first aid						2	1							2			5
Youth requiring on grounds medical care		1			1	7	1	180		1	2	1		1		1	196
Sub-total Youth-Involved Incidents	32	33	24	2	114	767	68	1596	376	379	61	35	24	174	22	16	3723
Staff-Involved Incidents																	
Inappropriate conduct/comments by staff						1		8		2							11
Staff on duty requiring non-routine off grounds medical care					2	10		17	1	9			1				40
Admission to Hospital of an on-duty staff						1						1					2
Employee charged with criminal behavior, including DUI					1					1		1					3
Youth on Staff Assault						22	5	51	6	13	2						99
Death of a staff member						1											1
Sub-total Staff-Involved Incidents	0	0	0	0	3	35	5	76	7	25	2	2	1	0	0	0	156
TOTAL-ALL INCIDENTS	32	33	24	2	117	802	73	1672	383	404	63	37	25	174	22	16	3879

Appendix F

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Detailed Focus Group Services and Gap Charts by Region

AREA I BALTIMORE CITY								
	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
BALTIMORE CITY	<ul style="list-style-type: none"> • Uplift Reading Program(a) • •Echo House(b) • •Mountain Manor(b) • •Treatment Resources for Youth(a) • •Restitution(b) • •Community Service Social Responsibility • •Family Preservation Initiative(a) • •Anger Management(a) • •Moral Reconciliation Therapy(a) • •Written Apologies • •Casey Foundation(b) • Baltimore Crisis •Adolescent Response Services(b) • •Victim Awareness(a) • •Pal Center(b) • •Progressive Life(a) • •Intake Informal Supervision(a) • •Girl Scouts(b) • •Big Brother/ Big Sister(b) • •Boys/Girls 	<ul style="list-style-type: none"> • Support Groups for Grandparents • •Inter-agency Coordination with Department of Social Services • •HIV/AIDS Prevention Groups • •Mentor Programs • • Gender Identity Groups • •pre-employment Programming • •Teaching on the clients level • •DJS Diversion Programs • •Family Focused Substance Abuse • •Office Space Activity Rooms • •Family Counseling • •Community-Base • Mental Health Program • •Social Skills (Life Skills) • •Intensive Home Based Clinical/ Substance Services • •Staff Training to prevent prosecution (a) 	<ul style="list-style-type: none"> • Drug Court(a) • •Advocacy(a) • •Female Intervention C-Safe Operation Safe Kids(a) • •Spotlights on School(a) • • Community Detention(a) • • William Donald Schaefer House(a) • • Charles Hickey Impact Program(a) • • Violation of Probation(a) • Increase Supervision • Level(a) • • Choice (c) • • Jobs Corps(b) • • Baltimore Rising(b) • SAY Sex Offender Program(a) • Female Intervention Team(c) • Job Readiness • Probation(a) • Fresh START Living Classroom(a) • Chesapeake CTR(a) • Njia (Progressive Life) • Operation Safe Kids(c) • Institute for Family 	<ul style="list-style-type: none"> • Transitional Services ages 16-22 • •More Foster Homes • •Sex Education • • Fire Setting Program (b) • • On ground school at group homes(a) • • Gender Specific Programs(c) • • Court Training on-going to Understand DJS process(a) • Intensive treatment for Mental Health, substance abuse, sexual offenders(c) • Day & Evening Reporting Centers(c) • Advocacy & Mentoring (c) • Mom & Pop Shelter and Foster Care(c) • Gender Specific Programming(c) • Special Education Programs (c) 	<ul style="list-style-type: none"> • Glen Mills (a) • • Greentree (Girls/Boys)(a) • •Pines (a) • • Maple Shade(a) • • Potomac Ridge(a) • • Trimir (a) • • Martin Pollack (a) • • Edgemeade (a) • • Jane Edenton (a) • • Morning Star(a) • • Taylor Manor Residential Treatment Center(a) • • Pathways(a) • • Woodbourne Residential and Group Home(a,b) • • Thomes O'Farrell(a) • • Caithness Stru. Sheltercare(a) • • Helen Smith (Hearts & Homes) (a) • • Family Advocacy Services(b) • • Mountain Manor(a) • • Schafer House • • Our House(b) • • San Mar Girls Group(a) • • New Dominion(a) • Catoctin(b) • Villa Maria(a) • Regional Institute for Children & Adolescents(a) • • Charles Hickey(a) • • Guide (Group 	<ul style="list-style-type: none"> • Uniforms for Students in Residential Facilities • • More Residential Staff • • Mental Health/ Substance Abuse Services in /out Residential Placements • • DSJ Child Advocates • Crisis Mental Health Unit in Detention Centers(c) • State Run Mental Hospitals(c) • Residential Drug Treatment(c) 	<ul style="list-style-type: none"> • Family Advocacy(a) • • Intensive Aftercare (a) • • Institute for Family Center Services(a) • • DJS Transition Service: Pupil Services(c) • • ROS/DOS Local Coordinating Council (b) • • Finan Center(b) • • Wrap around Services Baltimore(b) • Choice(a) • University of MD Psych. Svcs. (c) • Family Preservation(b) • Sheppard Pratt(c) • Spotlight on Schools(a) • Bon Secours Mental Health(c) • Job Corps(b) • Intensive A/C(a) • John Hopkins Adolescent Psych. (c) • Crownsville(c) • Independent Living(c) • Institute for Family Centered Services(c) • Operation Safe Kids(c) • Wrap Around Services(c) 	<ul style="list-style-type: none"> • Aftercare Programs(a) • Effective Specialized Units(c) • • Corporate Sponsorship for Education and Employment(c) • • DJS Community-Base Educational Programs(c) • Services for Parents(c) • Education(c) • Young Adult Transition Program(c) • Work related Aftercare(c)

AREA I BALTIMORE CITY								
	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
	Club(b) • •Greater Baltimore Medical Center Mother and Infants Program(a) • •Mediation(a) • Community Service(c) • Bridges to Success(c) • Partnership for Learning(c) • Obika Program (Progressive Life) (c) • Multi-systemic Therapy(MST) (c) • Community Conferencing(c) • Teen Court(c) • Youth Services Bureaus(c) • Baltimore Rising(c) • Student Assistance Programs(c) • Echo House(c) • Det. Red& Advocacy Prog. (DRAP)(a) • Uniquely Me(c) • Mediation(a) • BCARS (Baltimore-Child and Adolescent Response System)(b)	• •Female Substance Abuse In-treatment Program (Insufficient)(a) • •Mental Health Services (Insufficient) • •Advocacy (Insufficient) • Mental Health Services(c) • Jobs for Youth(c) • Police Diversion Programs(c)	Centered Services(c) • Drug Court(c) • Collaboration Support& Focused Enforcement C-Safe(c) • Choice Program • Young Fathers Programs(c) • Impact (Hickey School) (c) • Shelter Care Programs(c) • Uplift Programs(c) • Mountain Manor(c) • Spotlight on Schools(c) • Schaeffer House(c) • Family Preservation Progressive/HFST(c) • Outpatient Adolescent Treatment Programs(c) • Youth Opportunity Programs(c) • Wrap Around Services(c) • Community Detention(c)		&Shelter)(a) • • Star Flight(a) • • Oak Hill(b) • • Sheppard Pratt(a) • • Cheltenham(a) • • Kids Peace(b) • Woodburne(a,b) • Charles H. Hickey(c) • RICA Baito RTC(a,b) • Glenn Mills(a) • Detention Facilities(c) • Bowling Brook(a) • New Dominion(a) • William D. Schafer House(a) • C.S.A.F.E. (Collaborative Support and Focused Enforcement)(a) • DJS Youth Centers(a) • CHHS Impact(a) • Thomas O'Farrell(a) • Oak Hill(a) • BCSSC Det.Ctr. (a) • MT Clare G.H(a) • Liberty House(a) • Spring Grove Hospital(a,b) • B.A.T.G.O. G.H. Foster-ind. Liv(a) • Family Advocacy Services G.H. Foster Independent Living(a) • Potomac Ridge RTC(a,b) • Edgemeade RTC(a,b) • Drill Academy(a)		• Division of Vocational Rehabilitation(c) • Transition Team(a,b)	

AREA I BALTIMORE CITY								
	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
	<ul style="list-style-type: none"> • Informal Supervision(a) 				<ul style="list-style-type: none"> • Bennington Therapy G.H.(a) • Advoserve(a) • Pines RTC(a,b) • Youth Challenge(c) • Jefferson School RTC(a,b) • New Directions RTC(a,b) • Maple Shade(a) • Villa Maria(a,b) • Therapeutic G.H.'s Main(a) • San Mar G.H. • Our House(c) 			

AREA II BALTIMORE, HARFORD, HOWARD, CARROLL

COUNTY	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
HARFORD	<ul style="list-style-type: none"> • Adolescent Addictions (Health Department)(b) • Intake Conference(a) • Family Intervention (Family Therapy)(b) • Outreach(MD Child and Family)(a) • Inter-county Outreach (mentoring)(b) • Healthy Decisions and Victim Awareness(a) • Reality(b) • Female Adolescent Group(b) • Community Work Service(a) • Psychology Evaluations(a) • Referrals for Individual Therapy (Various Providers)(a) • Smoking Cessation Class (Health Department)(b) • Family Preservation Project(b) • Bridges To Success (In home intervention and counseling)(b) • School based Mental Health& Addictions(b) 	<ul style="list-style-type: none"> • Mentoring Services 	<ul style="list-style-type: none"> • Community Detention and House Arrest(a) • Probation Supervision • (a) • Drug Court(a) • Adolescent Addictions(b) • Teen Diversion (Day Mental Health)(b) • Family Intervention(b) • Outreach Counseling(a) • Restoration Academy • (Alternative Education)(a) • Online Education Program(b) • Healthy Decision and Victim Awareness(a) • Reality(b) • Female Adolescent Group(a) • Community Work Service(b) • Individual Therapy(b) • Psychological Evaluations(a) • Family Preservation Project(b) • Anger Management(a) • Freestate • Challenge(b) 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • CHHS Impact Intermediate Detention(a) • Youth Centers(a) • Mental Health Inpatient(b) • D&A Inpatient(b) • Residential Treatment Center(b) • Glen Mills(a) • Bowling Brook Academy(a) • Good Shepherd (a) • Therapy Shelter Care(a) 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • DJS Aftercare Supervision(a) • Family Therapy (b) • Drug and Alcohol Outpatient(b) • Individual Therapy(c) • Restoration Academy(a) 	<ul style="list-style-type: none"> • Intensive Supervision(c) • Narcotics/Alcoholics Anonymous(c)

AREA II BALTIMORE, HARFORD, HOWARD, CARROLL								
	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
BALTIMORE	<ul style="list-style-type: none"> • IFP Intensive Family Preservation Program(c) • •Non-public schools(Forbush school)(b) • •Alterative Education Programs-Evening School(b) • •DJS Informal Adjustment(a) • •Juvenile Offenders in Need of Supervision-JOINS (a) • •Youth Services Bureaus(a) 	<ul style="list-style-type: none"> • More Money for Mobile Crisis Teams(c) • •Mentoring(c) • •Mediation (Community Conference)(c) • • 	<ul style="list-style-type: none"> • CHOICE(c) • • JSOTP Juvenile Sex Offenders Treatment Program(c) • •MST Multi-systemic therapy(a) • •Juvenile Drug Court(c) • •DJS Probation(a) • •DJS Community Detention(electronic monitoring option)(a) 	<ul style="list-style-type: none"> • Day & Evening Reporting Center(c) • •Community Service Coordinators (c) • •Parenting Programming (c) • •Substance Abuse testing/resources for those not in Drug Court or SARN(c) • •Transitional Programs 17 and up(c) • •More money for proven outcome based programs 	•	•	<ul style="list-style-type: none"> • Substance Abuse Re-entry Network(a) • Intensive After-care program(a) 	<ul style="list-style-type: none"> • More Aftercare options(c)
CARROLL	<ul style="list-style-type: none"> • CINS Complaints(a) • •C-Safe(a) • •Spotlight on Schools(a) • •Family Preservation (YSB)(b) • •Community Conference(b) • •Violence Ass.@YSB(b) 	<ul style="list-style-type: none"> • Crisis Services(b) • •More Consequence Program(a) 	<ul style="list-style-type: none"> • M.H. Counseling(c) • •Reality(D&A) • •Community Detention(a) • •Community Service(b) • •Junction (drug&alcohol treatment)(b) • •VAEP -Anger Management 	<ul style="list-style-type: none"> • Better Evaluators(a) • •Drug treatment, in/out patient(b) 	<ul style="list-style-type: none"> • Youth Centers New Dominion(a) • Morning Star(a) • Board of Childcare (c) 	<ul style="list-style-type: none"> • Transition aged Youth(b) • •Shelter beds(a) • •Psychological beds respite(a) • • 	<ul style="list-style-type: none"> • Family Intervention Specialist (a) • Intensive Aftercare(PO)(a) • Therapeutic one-one aid in home(b) • Probation (a) • Gateway Alternative(b) 	•

AREA II BALTIMORE, HARFORD, HOWARD, CARROLL								
	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
			<ul style="list-style-type: none"> • -Girls Group • -S.O. Group(a) • •Berk Program • •Youth Strategies(YSB Family Violence)(c) • •Camp C.O.P.S. • •Psychological Evaluations(a) 				<ul style="list-style-type: none"> • Transition Team for Bofed(b) • Family presence for Mental Health(b) 	
HOWARD	<ul style="list-style-type: none"> • Mentoring Programs(a) • •Pre court Supervision DVS • •Restitution DJS(a) • •Mediation Center Howard Community College(b) • •Mental Health Authority (Core Service Agency)(b) • •Random Drug Testing(a) • •Private Mental Health Services(b) • •Mobile Crisis Team (Mental health)(b) • •Grassroots 24 hour hotline homeless shelter(b) • •Education Classes "You are responsible"(a) • •Education Classes Victim Awareness Program(a) • •Anger Management Classes(a) • •Substance Abuse Counselor based at Homewood School(b) • •Community Service 	•	<ul style="list-style-type: none"> • Homewood School (Alternative Education) HCPSS(b) • •Probation DJS(a) • •Electronic Monitoring DJS(a) • •House Arrest DJS(a) • •Riverwood Center Howard County Health Department (Substance Abuse)(b) • •Drugensic (Substance abuse)(b) • •Disruptive Youth - Counseling/Family at Homewood School(b) • • 	<ul style="list-style-type: none"> • Drug Courts(c) • • Intensive Outpatients (Like Key Program) 	•	•	<ul style="list-style-type: none"> • Family Intervention Specialist(a) • Bridges Homewood School (b) • Drugensic Substance Abuse(b) • Narcotics/Alcoholics Meetings(b) • Private Mental Health Services(b) • Random Drug Testing (a) • Intensive Supervision DJS(a) • Anger Management Classes (a) 	<ul style="list-style-type: none"> • Step down group homes(a)

AREA II BALTIMORE, HARFORD, HOWARD, CARROLL								
COUNTY	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
	Howard County Sheriff's Office(b) • Youth Diversion Howard County Police Department(a)							

AREA III FREDERICK, ALLEGANY, GARRETT, WASHINGTON

	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
GARRETT	<ul style="list-style-type: none"> • DJS Community Service(a) • Reality Program(b) • Informal Supervision(a) • Garrett County Health Dept-Mental Health, Substance Abuse, Family Support Worker(b) • Treatment-Safe Harbor Juvenile Sex Offender(a) • Family Intervention(b) • Family Support Worker • Community Service(b) • Circuit Court Coordinator(b) • Victim-Offender Mediation(a) • Restitution(b) • Referred Clinical Interventions(b) • 600 web based community 	<ul style="list-style-type: none"> • Transportation • Psychologists • Child Psychiatry • Cost of Medication • Enforce truancy laws(c) • More detailed strategic Planning(c) • Little DJS input/support for prevention(c) • Community Conferencing(b) • Truancy- Officer type services(a) • Truancy Diversion(b) • Teen Court(c) • Child Psychiatrist(c) • DJS \$ for After-school(c) 	<ul style="list-style-type: none"> • Probation, SOS, C.Safe(a) • Information file(b) • Electronic Monitoring(c) • House Arrest(a) • Partial day treatment(b) • Interagency preservation (b) • Alternative high school(b) • Intensive Supervision • (a) 	<ul style="list-style-type: none"> • Need MH Screener for intakes • Sex Offenders TX 	<ul style="list-style-type: none"> • DJS Placements-S/A TX, Group homes, RTC's, Psych, Training School(a) • Jackson Unit Finan • PRYDE (Pressley Ridge)(a) • Salem (Group Home)(b) • Youth Centers S/A tx(a) • Salem Youth Home(a,b) • 2-camp like detention centers(a) • respite care(a,b) • emergency shelter care(a,b) • Jackson Unit(b) • Savage Mountain(a) • Foster Care(a) 	<ul style="list-style-type: none"> • Substance Abuse • Residential Care • MH Input Beds • Full day treatment(c) 	<ul style="list-style-type: none"> • Health Dept. Drug Testing(b) • Mental Health(a,b) • DJS Aftercare(a) • Electronic Monitoring(a) • Family Intervention(b) • Family Support Worker(b) • Outpatient Addiction/ Mental health(b) • Wrap around case management b) • Probation(a) • Local Coordination Council(b) • Family Stabilization(b) 	<ul style="list-style-type: none"> •
WASHINGTON	<ul style="list-style-type: none"> • 4 C's • Addiction Pre-Screens • Youthful Offender Program • Apology Letters • Girl's Group • Community Service 	<ul style="list-style-type: none"> • Parenting Skills & not holding parents responsible(c) • Mentoring(b) • Lack of Programs for youth of different languages(c) 	<ul style="list-style-type: none"> • Spotlight on Schools • DJS Parenting Class • Addictions Unit/Program • CHOICE • Community Detention 	<ul style="list-style-type: none"> • Transition Programs from RTC's • Mental Health Respite • output Services for SED youth • Juvenile Runaways 	<ul style="list-style-type: none"> • RTC's • Psychiatric Hospitals • Shelter Foster Homes • Youth Centers • Hickey School Programs • Group Homes 	<ul style="list-style-type: none"> • Detention for Females(a) • NO RTC's(b) • Long term addictions for females(a,b) • Intermediate level for females (i.e. Youth Centers)(a) 	<ul style="list-style-type: none"> • Intensive Aftercare Teams(a) • Psychiatric Rehab Program(b) • Community wrap-around Inst. For Family Centered Services(a) 	<ul style="list-style-type: none"> • Halfway Houses • Local Transitional or Independent Living(a) • Shelter beds within the county and DJS controls

AREA III FREDERICK, ALLEGANY, GARRETT, WASHINGTON

	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
	<ul style="list-style-type: none"> • •Drug Testing @Health Dept. • •Shoplift Abatement • •Diversion Officer Program • •Anger Management • •Criminal Awareness Program • •Reality Program • •Alcohol Education Seminar • 	<ul style="list-style-type: none"> • Elementary Prevention Program(c) 	<ul style="list-style-type: none"> • •Institute for Family Centered Services • •Intensive Family Preservation • •Spotlight on Schools(a) • •Intensive In Home Services(a) • •Probation Services levels min.to Int. A/C(a) • •Community Detention(a) • 	<p>Programs</p> <ul style="list-style-type: none"> • •Juvenile Intensive Output Sex Offender Treatment • •Can't access Board of Child Care Shelter • • Female Responsive Detention • • Female Responsive non community levels(youth centers) • Treatment Foster Care • Intensive Sex Offender-out patient treatment(a) • Intensive Mental Health Treatment(a,b) • Day Treatment(b) 	<ul style="list-style-type: none"> • •Foster Care & TFC • Shelter and Foster Care(a) 	<ul style="list-style-type: none"> • Treatment Foster Care(a) • 		<p>admission(a)</p>
ALLEGANY	<ul style="list-style-type: none"> • Restitution(b) • Juvenile Sex Offenders Program(b) • Juvenile Review Board(b) • Informal Hearings(a) • Social workers in two Elementary Schools(b) • Reality Program(c) 	<ul style="list-style-type: none"> • Care for cognitively impaired • More mental health • Anger Management 	<ul style="list-style-type: none"> • Community Service • (a) • Home E/C Monitor(a) • School Based Addictions Counseling(b) • Increase number of contacts/level of supervision(a) 	<ul style="list-style-type: none"> • More evening services • Integrated Services • Transportation to appointment • Mentoring(c) • Intensive flexible in-home wrap around services(c) • Mental Health providers(c) 	<ul style="list-style-type: none"> • Therapeutic Foster Care(a) • Foster Homes(a) • Allegheny County Girl's Group Home(a) • Salem Children's Trust(b) • •New Dominion(a,b) • •Jackson Unit(b) • •Allegheny & Garrett Youth Centers(a) 	<ul style="list-style-type: none"> • Juvenile Detention Center • Substance Abuse Providers(c) • #'s Foster care homes(c) • Group Homes girls and boys(c) 	<ul style="list-style-type: none"> • Allegheny Co. Health Dept. Addict Mental Health(b) • Home Elec. Monitor(a) 	<ul style="list-style-type: none"> • Halfway House • •AA & Teen Specific • •Choices Program • •Reality Program • •Day Programs for Adolescents • •Relapse

AREA III FREDERICK, ALLEGANY, GARRETT, WASHINGTON

COUNTY	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
	<ul style="list-style-type: none"> • Shoplifter Abatement Class(a) • Criminal Awareness Program(a) • Fire and Safety Program(c) • Restitution(a) • Police Diversion Program(b) • 4C's Potomac Case Management(b) • Victim Awareness Program(a) • Intensive Family Preservation(b) • Community Service Program(a) • Mental Health and Drug Counseling(c) • Victim Awareness Classes(a) • Apology Letters(a) • Informal Supervision(a) • Community Service (MSDE Grant) for suspended JSS/OCS kids(b) • Community Service(a) • Administrative Hearing with Youth and Parents(a) • Restitution(a) • Anger Management Classes(a) 		<ul style="list-style-type: none"> • CARE Coordinated Adolescent Resource Effort(b) • Health Department ASET after school program (behavior and substance(c)) • Mentoring (Informal) assignment(c) • Safe Harbor (for sex offenders)(a) • Parenting Programs (H.O.P.E. Program –Family Junction)(b) • Mediation parent/child family(b) • Family Group Decision Making(b) • Family Preservation (b) • Electronic Monitoring(a) • Counseling Individual Family Addiction(b) • Rising level of Probation/ Supervision (a) • Probation(a) 	<ul style="list-style-type: none"> • In-home Mental health services(c) 	<ul style="list-style-type: none"> • Brooklane(c) • Western MD Children's Center detention-males(a) • Alfred D. Noyes Detention Girls & Boys(a) • Foster Care Therapeutic Foster Care(a) • Finan Center (C&A) (c) • Jackson Unit adol. (drug & alcohol) (c) • New Dominion(c) • Girls Group Home(b) • Salem Homes(c) • Jackson Unit Shelter(a,b) • Shelter Care(a) 		<ul style="list-style-type: none"> • Job Training/Life Skills • intensive Aftercare 	<ul style="list-style-type: none"> Prevention

AREA III FREDERICK, ALLEGANY, GARRETT, WASHINGTON								
	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
	<ul style="list-style-type: none"> • Safety Plans(b) • Written Contracts(a) • Counseling(Individual & Family)(b) • Juvenile Review Board(b) • Essay Related to the offense 							
FREDERICK	<ul style="list-style-type: none"> • Reality Program(a) • Girl's Group(a) • Restitution(a) • Shoplifting Education Program(a) • Victim Awareness Education Program(a) • Crime Awareness Program(b) • Community Service(a) • Informal Intake Conference(a) • Youthful Offender Program • Level I Outpatient Substance Abuse(b) • Victim Awareness Education Program • Early Intervention Substance Abuse Services(b) • Community Service (done by the offender) • Family Preservation(b) 	<ul style="list-style-type: none"> • CINS Diversion • Family Group Conferences • Transportation • Driver Safety-Highway safety for driving offenses • Victim Offender Mediation • Fire Safety Program • Teen Court • Early Police Diversion Program • Less Intensive In-Home Counseling Services(c) 	<ul style="list-style-type: none"> • Electronic Monitoring CD(a) • Responsible Father's Group(a) • Sex Offender TX • Parent Power Program(b) • Domestic Violence Services(b) • Outpatient & IOP substance abuse TX • Project 103 • Probation • School-based Probation • Family Preservation (b) • Anger management (b) • Institute for Family Centered Services(a) • MST (b) • Substance Abuse Residential houses(a,b) 	<ul style="list-style-type: none"> • Sex Offenders TX Group • AA/NA Programs(youth oriented) • Operation Runaway • Consequence Bed • Respite Care • Intensive Probation(choice Type) • Family based services for entry level juveniles • School based probation • Smoking cessation for youth • Drug Court • DJS Day Treatment 	<ul style="list-style-type: none"> • Independent Living(a,b) • IMPACT Programs(a) • Detention (a) • DJS Residential(b) • Shelter Care(a) • Therapeutic Group Homes(b) • Substance Abuse Residential Jackson Unit 	<ul style="list-style-type: none"> • Co-occurring Disorders Programs • Pregnant females-Residential Programs • Quality Independent Living Programs • Girl's Program(residential) • Lack of bed space Inpatient Psychiatric • Residential Substance Abuse Tx • No Shelter Care for DJS(c) • No Group Homes for DJS(c) • No Partial-Hospitalization for DJS(c) • Mobile Crisis(c) • In-Patient Psychiatric Hospitalization(c) • No residential substance abuse(c) • Cost Free Substance Abuse 	<ul style="list-style-type: none"> • Intensive Aftercare Supervision(a) • Transition Team(b) • Intensive Aftercare Program(Family Intervention Service(a)) • The Jefferson School(Residential Treatment Center(b)) • Community Services Initiative (Return Diversion)(a) 	<ul style="list-style-type: none"> • Intensive Aftercare Limited Slots

AREA III FREDERICK, ALLEGANY, GARRETT, WASHINGTON

AREA III FREDERICK, ALLEGANY, GARRETT, WASHINGTON								
	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
	<ul style="list-style-type: none"> • Youthful Offender Program(b) • Respite Care(Camp Journey)(b) • Reality Program(Drug &Alcohol Offenders)(b) • Out-patient Mental Health(b) • Gender Responsive Programming(a) • Shop lifting isn't KOOL(a) 		<ul style="list-style-type: none"> • Intensive Supervision • C-Safe Probation Officer Assigned to High Crime Area(a) • Spotlight on Schools (Probation Officer in School) • Intensive Out-Patient Substance Abuse(b) • Gender Responsive Programming(a) • Psychiatric Rehab(a) • Multi-Systematic Therapy Program(b) 			Services(c)		

AREA III MONTGOMERY

	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
MONTGOMERY	<ul style="list-style-type: none"> • Youth Division Informal (family crimes)(b) • Juvenile Education Training Seminar/Substance Education Training Seminar(b) • Tobacco Class(a) • Informal Supervision(pre-court)(a) • Community Service(a) • Educational Assistance (c) • Meeting with Families and children • Community Conferencing(c) • Parents and Child Together (b) • Drivers Improvement Program(b) 	<ul style="list-style-type: none"> • Mentors(c) • Gang Intervention(c) • Informal Supervision(pre-court)(a) • Sex Offenders Treatment(c) • Tutors(c) • Teen Court(c) 	<ul style="list-style-type: none"> • Writing Assignments (c) • Gender Specific Groups(b) • Anger Management(a) • Anger Management(a) • Phoenix Program(b) • Home Electronic Monitoring(a) • Community Supervision Program(b) • CHOICE(b) • GUIDE(b) • Journey's(b) • Washington Assessment Therapy Services (WATS)(b) • Drug and Alcohol Education (DAES) • Drug and Alcohol Anonymous(b) • McKinney Hills(b) • Mark Twain(b) • Minority Awareness Groups(a) • Foundations School(b) • Family Trauma Services Sex Offender Therapy(b) • Phillips School(c) • Family Trauma Services (FTS)(b) • Victim Awareness(a) • Institute for Family Centered 	<ul style="list-style-type: none"> • Child Care(c) • Anger Management(a) • Phoenix Program(b) • Home Electronic Monitoring(a) • Gender Specific Treatment (especially girls)(c) • Intensive In-Home Services for Sex Offenders(C) • Additional outpatient drug treatment(c) • Outpatient sex offender treatment(c) • Respite(c) • Gang Intervention Programs(c) • Vocational Training(c) • Parent Accountability(c) • Culturally Competent Sex Offender Treatment(c) • Family Preservation(b) • Parenting Classes(c) 	<ul style="list-style-type: none"> • RICA Residential RTC Boys and Girls (b) • Bowling Preparatory Academy (Males)(b) • Alfred D. Noyes Detention(a) • Charles Hickey Enhanced(a) • Woodburne RTC (boys) and sex offender treatment (b) • Thomas O'Farrell Therapeutic Group Home (boys)(b) • Charles Hickey Detention(a) • Waxters Detention for Girls(a) • Chesapeake Youth Center(Sex Offender) RTC(b) • Charles Hickey Impact(a) • Charles Hickey Intermediate(a) • Timir Group Home(b) • John C. Tracey Croup Home (run by Hearts and Homes)(a) • San Mar Therapy Group Home (a) • Mountain Manor(a) • Good Shepherd Center(a) 	<ul style="list-style-type: none"> • Treatment for Youth w. Dual Diagnosis (MR/DD)(c) • Education within facilities (quality)(c) • Sex Offender Group Homes(c) • Foster Care for Sex Offenders(c) • Female Shelter(c) • More Wraparound Services(c) • Shelters and Therapeutic Treatment for Runaways(c) 	<ul style="list-style-type: none"> • Community Supervision Program(a) • Journeys(a) • Institute for Family Centered Services(c) • CHOICE(b) • Family Preservation(a) • Intensive Aftercare (a) • Community Kids(a) 	<ul style="list-style-type: none"> • Vocational Training(c) • Therapy (Intensive)(c)

AREA III MONTGOMERY								
COUNTY	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
			Services(IFCS)(b) • Weekend Detention at NOYES(a) • Suburban Outpatient Treatment(b) • Second Genesis Outpatient Treatment(b) • TASC Drug Screens(b) • SASCA for Evaluations (Substance Abuse)(b) • KHI Outpatient Treatment(a) • Community KIDS(b) • Family Preservation(b) • Teen Moms Mentors(c) • MADD Panel (c) • Restitution(c)		• Edgemoade RTC (Boys)(b) • Waxters (Female) N.I.A. 90 day Impact(b) • New Dominion For Girls(c) • Our House(c) • St. Anns(c) • Glen Mills(c) • OFarrell Independent Living • Florence Crittenton(c) • Right Turn(c) • Guide Group Home(c) • Sheppard Pratt(c) • Morning Star(c) • Future Bound Individual Living Boys and Girls(b) • Finan Center RTC Boys and Girls(b) • New Dominion (Males Only)(b) • Waxters Long-term Secure Program for Females(a) • Waxters (Females 90 Day Substance Abuse Program)(a) • Allegany Therapeutic Group Homes for Girls(b) • Nation Center for Children and			

AREA III MONTGOMERY								
	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
					Families Boys and Girls(b) • Muncaster Mill Therapeutic Group Home(Male)(b) • MD Youth Centers Males Only(a) • Potomac Ridge RTC Males and Females(b) • Jefferson School RTC(b) • Caithness Shelter(a) • Maryland Youth Resident Shelter(a) • Karma Therapy Academy Group Home(a) • William Donald Schaefer House(a) • San Mar Group Home(a)			
MONTGOMERY	<ul style="list-style-type: none"> • Curfew(c) • Community Supervision(c) • Outpatient Drug/Alcohol Treatment Level(c) • Urine Screen(c) • Family Preservation(c) • Screening and Assessment Services for Child and Adolescents(c) • Juvenile Education Training Seminar (JETS) (c) 	<ul style="list-style-type: none"> • Jail Tour(c) • Educational Assessments(c) • Psychological Assessments(c) • Sexual Offender Assessments(c) 	<ul style="list-style-type: none"> • Assistant with Returning to Schools(c) • Counseling(c) • Guide Intensive Intervention(c) • Drug Court(c) • Journeys(c) • Home Electronic Monitoring(c) • Detention(c) • Home Visits with Police(c) • Choice(c) • Community Kids(c) • GED(c) 	<ul style="list-style-type: none"> • Cultural Sensitive Programs(c) • More Programs for Kids that are Younger(c) • Female Program(c) • More Trauma Services(c) • Therapists who speak a variety of languages proficiently(c) • Gang Prevention Suppression 	<ul style="list-style-type: none"> • Caithness Temporary Shelter(a) • John C. Tracey Group Home(a) • Trimin therapeutic Group Home(a) • Morning Star Substance Abuse(a) • Karma Sexual Offenders(a) • GreenLeaf Foster(a) • DJS Foster Care(a) • Greentree Adult Program(a) 	<ul style="list-style-type: none"> • Cedar Ridge(a) • Big Pine(b) • Guide Shelter(a) • Open Door(a) • Guide Therapy Group Home(a) • Maryland Youth Residence Center(a) • Langworthy (a) • Futurebound(a) • Redl(a) • Family Advocacy(a) 	<ul style="list-style-type: none"> • Suburban Outpatient(b) • Intensive Aftercare • Institute for Family Centered Services(a) • WATS (a) • Choice(a) • Services for Incompetent Youth(c) • Transition Services Late Adolescence to Adult Treatment(c) 	

AREA III MONTGOMERY								
COUNTY	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
	<ul style="list-style-type: none"> • Alcohol and Narcotics Anonymous(c) • MADD Panel(c) • Apology Letters(c) • Essay Writing(c) • Teen Court(c) • Counseling(c) • Community Service(c) • Institute for Family Centered Services(c) • Victim Awareness Education Program(c) • Anger Management(c) • Safety Education Training Seminar(c) • Girls Group(c) 			<ul style="list-style-type: none"> Programs(c) • More Sex Offender Programs(c) • In County Respite Beds(c) • Community Conferencing(c) • Crisis Beds(c) 	<ul style="list-style-type: none"> • Star Flight(a) • Kemp Mill(a) • Helen Smith Group(a) • Muncaster Mill TGH(a) • Pathways(b) • Mt. Manor Substance Abuse(a) • Schaefer House Substance Abuse(a) • Woodbourne RTC(b) • O'Farrell(b) • Youth Center(a) • Kids Peace(b) • New Dominion(a) • Bowling Brook(a) • Hickey(a) • Noyes(a) • Glen Mills(a) • Deveraux(a) • Jefferson School RTC(b) • Bennington RTC(b) • Pines RTC(a) • Potomac Ridge RTC(b) • Crownsville RTC(b) • Girl's Group (c) 	<ul style="list-style-type: none"> • Our House(a) • KHI(c) • New Direction(a) • Finan Center(a) • Good Shepherd(b) • Waxters(a) • Edgemoade RTC(b) • RICA RTC(a) • Concern(a) • Sexual Offender Assessments(c) 		<ul style="list-style-type: none"> • Juvenile Sex Offender Assessments and Treatment(c) • Immediate beds Substance Abuse treatment(c) • Restore Maryland Children's Center(c) • Second Genesis(a) • Glenn Mills in Maryland(c) • Community Service Program(a) • Community Kids(b) • Family Preservation(a) • Mentors(c) • More Therapeutic Programs(c) • Therapeutic Child Care(c) • Therapeutic Foster Care(c) • Guide(a) • Transportation for Kids(c) • More programs for Older Kids(c) • Better Training for the Bench &

AREA III MONTGOMERY								
COUNTY	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
								Bar(c) <ul style="list-style-type: none"> • Educational/Vocational Services for Developmentally Delayed(c) • • Journeys (a) • Electronic Monitoring (a) • DJS Worker Standard Probation(a) • Revise Truant Officers(a) • KHI(a) • Transition Team(a) • More Therapeutic Group Homes(a)

AREA IV LOWER								
	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
WICOMICO	<ul style="list-style-type: none"> • Drug Court Education(a) • Community Peer Mediation(a) • Crisis Beds(b) • Intensive Case Management(b) • Truancy Court(b) • Family Preservation(b) • Conflict Resolution(b) • Project Exile(b) • Voluntary Placement Program(b) • Targeted Case Management(b) • Teen Tobacco Program(b) • Hope Creek Day School Program(b) • YMCA (b) • Behavioral Health Outpatient Mental Health Clinics(b) • Salvation Army(b) 	<ul style="list-style-type: none"> • Mentoring-2 yr. waiting list • Lack of Teen Pregnancy Programs • Phasing Out Current Programs • Fire Setting Program 	<ul style="list-style-type: none"> • Maple Shade • Outpatient/Respite Therapy(b) • EM/CD (a) • Drug Court Treatment(a) • Day Treatment(New Day)(b) • IOP • Drug/Alcohol(b) • Delmarva Family Resources Partial Hosp(b) • Cognitive Programming(a) • Mentor Clinical Care(b) • School Based Mental Health Program(b) • School Based Wellness Program(b) 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • LESCO (detention center)(b) • DRILL(b) • Foster Care (b) • Maple Shade Div. St.(b) • Aero Project (b) 	<ul style="list-style-type: none"> • No dual diagnosis programs • Group Homes 	<ul style="list-style-type: none"> • Probation • Sex Offender ESPS(b) • Independent Living(b) • Drug & Alcohol Aftercare(b) • Family Intensive Therapist(a) 	<ul style="list-style-type: none"> • All aftercare programs • More mental health availability
WICOMICO	<ul style="list-style-type: none"> • School Based Probation • •Asbury United Methodist Church Grief Group • •Child Advocacy Center • •Life Crisis TX • •Teen Court in Progress 	<ul style="list-style-type: none"> • Minimum Adolescent Substance Abuse Programs • •Family Substance Abuse Counseling • •Family Intervention Groups 	<ul style="list-style-type: none"> • Transitions Day TX Center • •Crisis Beds Program • •Outpatient Mental Health • •Truancy Court • •Intensive Case Management • •Wicomico County Health Dept. • •Family 	<ul style="list-style-type: none"> • Sex Offenders • Groups • •Family Accountability 	<ul style="list-style-type: none"> • Chesapeake Youth Facility • •Drill Academy • •Lower Eastern Shore Children's Center • •Dor. Hospit Adolescent Psych Beds • •Morning Star Youth Academy 	<ul style="list-style-type: none"> • Local In-patient TX programs • •Inadequate quality group home 	<ul style="list-style-type: none"> • TX Foster Care • •Drill Academy Aftercare • •Family Preservation • •Intensive Care Management 	<ul style="list-style-type: none"> • Inadequate public transportation • •Inadequate free after-school programs • •Inadequate employment services

AREA IV LOWER								
	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
	<ul style="list-style-type: none"> • •Truancy Court in Development • •Alternative Learning Center • •Victim Offender Mediation • •New Day Youth Development Center • •Community Service 		Preservation <ul style="list-style-type: none"> • •Drug Court • •Hope Creek Day School • •Job Start (Training Employment) 		<ul style="list-style-type: none"> • •Maple Shade • •Mentor TX Foster Care 			<ul style="list-style-type: none"> • •Minimal Entertainment Options • •Not enough wrap around slots • •Aftercare re-integrative services
WORCESTER	<ul style="list-style-type: none"> • Suicide Prevention(b) • Peer Mediation(b) • Victim Awareness(a) • MSAP(b) • Interagency Committee Adolescent Pregnancy Prevention and Parenting(b) • PST(b) • Hotboards(b) • SAGES Girls Group(a) • Family Preservation(b) • CRT(b) • Traditional Outpatient Addictions(b) • AGAPE(b) • CHIPS(b) • 	<ul style="list-style-type: none"> • Teen Court • • 	<ul style="list-style-type: none"> • Reality(b) • Worcester Youth & Family Services(b) • Bridges(b) • Fire Setters Program(b) • Nurturing Fathers(b) • Parenting(b) • Sex Offender Program(b) • White Flint(b) • Alternative Education School(b) • Targeted Case Management(b) • Sandcastles(b) • Educational Assessments(b) • Just for Girls, Just for Boys(b) • Alternative Directions(b) • Electronic Monitoring(a) 	<ul style="list-style-type: none"> • RTC(Resident Teacher Certificate) • Shelter Care • Mentors • Highly Structured Educational Program(Behavioral) • Mobile TX MH • Job Training • TCM • Vocational Rehab • Residential TX MH • • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Group Homes • Independent Living • Inpatient D/A Facility • Therapeutic Foster Care/Homes • 	<ul style="list-style-type: none"> • Transitional Meeting/Team(b) 	<ul style="list-style-type: none"> •

AREA IV LOWER								
	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
			<ul style="list-style-type: none"> • IOP(b) • Functional Family Therapy(FFT)(b) • Mental Health(School based)(b) • 					
WORCESTER	<ul style="list-style-type: none"> • Hot Boards Assessment Unit(a) • •DJS Informal Supervision(a) • •Sand Castles(b) • •SAGES(b) • •Life Crisis(b) • •Family Connections(b) 	•	<ul style="list-style-type: none"> • Eastern Shore Comprehensive Prevention Program(a,b) • •Addictions Ed. IOP(b) • •Reality (b) • •WC Health Dept. (b) • •Alternative Directions/Care Coordination(b) 	<ul style="list-style-type: none"> • Mentoring • •Pace Center for Girls(a,b,c) 	•	<ul style="list-style-type: none"> • Residential Facilities 	<ul style="list-style-type: none"> • Electronic Monitoring(House Arrest)(a) • •Outpatient Sex Offenders Treatment(b) • •DJS-Probation /Aftercare)(a) • •Community Based Counseling(b) 	<ul style="list-style-type: none"> • Residential Treatment Center
CAROLINE	<ul style="list-style-type: none"> • Drug Court(a) • Pregnancy Prevention • Mental Health-Clinic/School Based • Alternative School Pupil Personnel(b) • Family Preservation(b) • Child & Behavioral Services(b) • Teen Court(b) • PRP-Crossroads,ESPS, Channel Marker(b) • Community 	<ul style="list-style-type: none"> • Addictions Outpatient Dual/Diagnosis School Based(b) • C-Safe Denton Federalsburg(b) • 	•	<ul style="list-style-type: none"> • Fire Setting Counseling Program • Mentoring • • 	<ul style="list-style-type: none"> • Mentor FH • Out of County Youth Centers 	<ul style="list-style-type: none"> • Sex Offender Residential Short of RTC • Shelter Care • Sex Offend Treatment Group • Foster Homes • Group Homes • • 	<ul style="list-style-type: none"> • Aftercare Schools/DJS Liaison Committee • Addiction MH Family Pres • 	•

AREA IV LOWER								
	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
	Service(b) <ul style="list-style-type: none"> • Child & Behavioral Services(b) • • • 							
SOMERSET	<ul style="list-style-type: none"> • Bridges to Success • (Maple Shade)(c) • PRP(b) • UMES Mentor Program(b) • Smoking Cessation • CHIPS Program • Addictions • Dual Diagnosis(b) • Anger Management/Diagnosis Tools • Peace Makers Program • Outpatient Mental Health Services • Investing in our Youth • Programs(school based) • Family Preservation(b) • Respite Bed (Maple Shade)(b) • Therapeutic Educational Aide(b) • Pre-Court 	<ul style="list-style-type: none"> • Character Building • After School Organized Sport • Residential Dual DX • Crisis Beds • • 	<ul style="list-style-type: none"> • Transportation Services • Medical Assessment/DX/TX • Medication Asst • Diagnostic Assessment • Aggression & Dual DX • PRP Services • Family Preservation • UMES Mentor Program • Dual DX Op TX • Addictions OP • STD TX/Education • Electronic Monitoring(a) 	<ul style="list-style-type: none"> • Sex Offender Fire Setting • Fire Setting • Crisis Intervention • Domestic Violence Shelters • Extensive Trans-Outside Areas • Residential Addictions 	•	•	<ul style="list-style-type: none"> • Medical DX/TX • Bridges • Aftercare Services • OP MH • PRP • Medication Asst • 	<ul style="list-style-type: none"> • Reintegrative Services

AREA IV LOWER								
	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
	Supervision(a) • Restitution Services(a)							
SOMERSET	<ul style="list-style-type: none"> • DJS Detention(a) • •Electronic Monitoring(a) • •Intake (DJS) (a) • •Bridges to Success(b) • •Peacemakers(Anti-Violence for Kids)(b) • •Family Preservation(b) • 	<ul style="list-style-type: none"> • Consolidated After Hours Services • •Respite Homes • •Continuum of Non-Categorical Services 	<ul style="list-style-type: none"> • Residential Treatment Centers • •Group Home(b) • •DJS Probation(a) 	<ul style="list-style-type: none"> • Residential Treatment 6-13 yrs • •Structured Shelter Care 	•	<ul style="list-style-type: none"> • Diagnostic & Treatment Programs • •Local Group Homes • •Therapeutic Group Homes 	•	•
DORCHESTER	<ul style="list-style-type: none"> • InterAgency Family Preservation(b) • •Youth Service Bureau(b) • •School Board Wellness Center(b) • •Recreation & Parks After School Program(b) • •Families & Schools Together(b) • •Healthy Families(b) 	•	<ul style="list-style-type: none"> • Drug Court(a) • •Addictions Program w/Health dept(b) 	<ul style="list-style-type: none"> • Shelter Care • •Evening Reporting Center • •Family Dependency Drug Court • •Spotlight on schools • •Teen Court • •Parenting Support Groups • •Transitional Age Youth • •Underage Drinking & Substance Abuse • Teenage Pregnancy 	<ul style="list-style-type: none"> • LESCC Detention Center(a) • •Chesapeake Youth Center(b) • •Maple Shade Girl's Therapy Group Home(b) 	•	•	•

AREA IV UPPER								
	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
CECIL	<ul style="list-style-type: none"> • Community Service • Kent Youth Outreach • Addictions Outpatient • PERT Team • Foster Care & Voluntary Placements(b) • Truancy Prosecution (b) • Community Services • Initiative (b) • Suspension/ Expulsion Hearings & Referrals (b) • Family Preservation (Interagency)(b) • Alcohol & Drug TX and Education (b) • Family Intervention Program (a,b) • Intensive Family Assistance (b) • Restitution Programs (b) • Nexus Program (Computer Based)(b) • Twilight School • Saturday School (b) • Alternative Suspension Program 	<ul style="list-style-type: none"> • Additional Day Programs • Teen Court • Sanctions for First Offending Youth Outside of School/ Beyond School Sanctions (b) • Crisis Team Mobility • Co-Occurring Disorder Program • Treatment Fees (b) 	<ul style="list-style-type: none"> • Family Intervention Specialist(a) • Psychologist Consult & Evaluations(a) • Electronic Monitoring (b) 	<ul style="list-style-type: none"> • Foster Families • Drug Courts for Teens 	<ul style="list-style-type: none"> • Carter, Waxter & Hickey Youth Centers(a) • Drill Academy(b) • Kent Youth, Bowling Brook, O'Farrell, San Mar(b) • Sykesville Shelter(a) • Florence Crittenton(b) • Rockford Center, Shepherd Pratt(b) • Finan, Mountain Manor, Pathways(b) • Wm. D. Schaeffer(a) • Guide Shelter Care(a) • MYRC Shelter(a) • RICA(Reading Instruction Competence Assessment) New Dominion, Villa Maria Jefferson, Edgemoade Arrow Diagnostic(b) • Good Shepherd(b) • Carter Center • Kent Youth/Youth Centers 	<ul style="list-style-type: none"> • Group Homes 	<ul style="list-style-type: none"> • High Road, Arrow Strawbridge (Day Place)(b) • Outpatient Addiction Services(b) • Upper Bay Therapeutic Day Program (b) • Families Now (b) 	<ul style="list-style-type: none"> • Transitional Programs • Mentoring • Respite Care • Independent Living

AREA IV UPPER								
COUNTY	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
	(b) • Community Services (b) • Bridges (b) • Detour (b)							
KENT	• Community Service Initiative • Informal Hearings • Intensive Support Services • Kent Youth Outreach	•	• Public House(b) • Community Service(a) • CrossRoads (Psych.Rehab.Progm)(b) • Teen Court(b) • Electronic Monitoring(a) • Family Preservation(b) • Intensive Supervision(a)	• Halfway Houses • More Girl Svcs Groups • More Commtly Svc	• Residential Treatment Programs(a) • Inpatient Substance Abuse Programs(a) • Carter(detention)(a) • Kent Youth Group Home(a) • Psychiatric Hospitals(b)	• Shelter Care	• Substance Abuse Aftercare(a)	• Lack of funding- no agency wants to take the lead • Independent Living • Aftercare
• KENT	• Teen Court (b) • Disciplinary Hearings (b)	• Parents and Children Targeting Success Program • Respite • Drug Court • Support Groups • NA/AA for adolescents	• Kent Youth-Community Group Home (a)	• Balanced & Restorative Justice • Community Conferencing	• Carter Center	• Therapeutic Foster Care	• Outreach Mentoring	•
QUEEN ANNE'S	• Kent Youth Outreach(a) • Commtly Svc(Colleges, Churches) • Urine Testing(a) • Family Interactive Specialist(a) • Teen Court(b)	•	• School-Based & Clinic Based Substance Abuse(b) • Non-public School Placement(b) • Electronic Monitoring(a)	•	• Detention-Carter Ctr LESCC(a) • Acute Care Psychiatric Hospital(b) • Foster Care Providers(a) • Drug Tox Ctrs-In Patient(b) • All DJS Facilities(a)	•	• Aftercare Sub., Abuse Tx., Halfway Houses(b) • Probation(a) • Crossroads PRP. Services(b)	•

AREA IV UPPER								
	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
	<ul style="list-style-type: none"> • Reality Program(b) • Restitution(a) • Alternative School(b) • Informal Supervision(a) 							
QUEEN ANNE'S	<ul style="list-style-type: none"> • Teen Court (b) • Restitution • Informal Supervision • Family Intervention Specialist • Community Service-Chesapeake College (b) • Family Support Center-Judy Center 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Alternative School(b) • Probation Supervision (a) • Electronic Monitoring (a) • Intensive Support Services (b) • Psychological Rehab Program-Crossroads (b) 	<ul style="list-style-type: none"> • County Commissioner • Public transportation 	<ul style="list-style-type: none"> • Detention • Psychiatric Hospital Acute Care(a,b) • Therapeutic Foster Care (a) • Youth Camps • Group Home-Kent Youth other W. Shore • Hickey School(a) 	<ul style="list-style-type: none"> • Sex offenders programs • Fire setters programs • Shelter Care 	<ul style="list-style-type: none"> • Halfway Homes (a) • Substance Abuse-when released in-patient & out-patient services (b) • Family Intervention Specialist(a) • Family Preservation (b) • Community Services Initiative(b) • Alternative School(b) 	<ul style="list-style-type: none"> • Step down programs for youth returning to community
TALBOT	<ul style="list-style-type: none"> • Teen Court(a) • Interagency Council(b) • Kent Youth Outreach(a) • Addictions(b) • Alternative Learning Center(b) • LCC(b) • Choices(b) • Community Service(a) • Court(b) • Channelmarker(b) • Checkmate(b) • Multi-D(b) • Moral Reconation 	<ul style="list-style-type: none"> • Shoplifting • Victim Awareness • Transportation 	<ul style="list-style-type: none"> • Probations(a) • Therapeutic Foster Homes (a) • Finan Center(b) • Electronic Monitor(a) • Modified Day(b) • Drug Court(a) 		<ul style="list-style-type: none"> • Carter(a) • Morning Star(a) • CYC(b) • Maple Shade(a) • Drill Academy(a) • Residential Treatment Center(b) • Schaeffer House(a) • Charles Hickey School(a) • Waxter Wellness Centers(a) • Youth Camps(a) • Mountain Manor(b) • Kent Youth Group Home(a) • 		<ul style="list-style-type: none"> • Doors Program(b) 	<ul style="list-style-type: none"> • More Aftercare Programs • Aftercare(a)

AREA IV UPPER								
COUNTY	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
	Therapy(a) • C-Save(b) • ESPS & DFE PRP(b) • Family Preservation(b) • Family Support Center(b) • Home Hospital(b) • Informal Intake(a)							
• TALBOT	• C-Safe(b) • DJS Intake (a) • Teen Court (a) • Electronic Monitoring (a) • Kent Youth Outreach (b)	•	• Drug Court (a) • Acute-Shore Health System • DJS Probation (a)	• DJS Respite	• Youth Camps (a) • Drill (a) • Treatment Foster Care (b) • Group Homes (a)	• Shelter Care Services • RTC's(Renter Tax Credit)(b) • Detention (a)	• DJS Aftercare(a) • In-home Intervention (b) • Talbot County Public Schools Reintegration (b)	•

AREA V ANNE ARUNDEL, PRINCE GEORGE'S

	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
ANNE ARUNDEL	<ul style="list-style-type: none"> • Jiffy(b) • Community Service(a) • Victim Awareness (a) • Consequence Beds @Cheltenham(a) • Teen Court(b) • Informal Hearings(a) • Neighborhood Youth Panel(a) 	<ul style="list-style-type: none"> • Pregnant Teen programs/placements (c) • Parenting Programs for Teens(c) • Groups for 1st time offenders and other groups(c) • Parents Support Groups(c) • Community Centers After School Activities(c) • Summer Camps (free programs) • One-Stop-Shop, i.e. Mental Health, Job Training, Day Care etc. (c) 	<ul style="list-style-type: none"> • Sex Offender Outpatient and Group(a) • Girls Group(a) • Life Skills(a) • Institute for Family Centered Services(a) • IFPS Interagency Family Preservation Services(b) • SOS Spotlight on Schools(a) • Intensive Intervention Program(a) • CHOICE Program(b) • House Arrest (Community Detention) (c) • Drug Court(b) • Mobile Crisis Unit(b) 	<ul style="list-style-type: none"> • CHOICE Program(b) 	<ul style="list-style-type: none"> • NCIA(a) • Group Homes(a) • Bowling Brook(a) • Glenn Mills(a) • New Dominion(a) • Family Advocacy(a) • Youth Centers(a) • RTC : Good Shepherd, Jefferson School, Potomac Ridge, Pines, RICA, Woodburne(a) • Detention Centers: Hickey, Cheltenham, Waxters • Substance Abuse: Pathways, Mt. Manor, Jackson Unit @Finan, Schaetter(b) • Sheppard Pratt Hospital, Spring Grove, Finan Center(b) • O'Farrell(c) • Supervised Aftercare(a) • Safe Haven Shelter(b) 	<ul style="list-style-type: none"> • Respite Services Short& Long Term(c) • Sex Offender and Fire Setter Programs/Placeme nt(c) • More Staff(c) • Girls Programs/Placeme nts(c) • Dual Diagnosis Programs(c) • Low IQ Mentally Retarded(c) • Female Residential Programs Limited(c) 	<ul style="list-style-type: none"> • Intensive Aftercare(a) • IFCS Institute for Family Centered Services(b) • Youth Support Center(b) 	<ul style="list-style-type: none"> • Intern Programs (jobs for youth, etc.) (c) • Supervision Programs(c)
ANNE ARUNDEL	<ul style="list-style-type: none"> • Informal Supervision (c) • Teen Court(c) • C- Safe Initiatives(c) • SRO's in Schools(c) • Restitution(c) • Community Service(c) • JIFI(c) 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Adjudicated youth transition back to school thorough Alternative Education(c) • Probation(c) • Spot Light on schools(c) 	<ul style="list-style-type: none"> • Drug Treatment both Involuntary and Voluntary(a) 	<ul style="list-style-type: none"> • YWFM Long Term Secure Program(a) • Waxter's Detention(a) • Florence Critterton(a) • Good Shepherd Center(a) • NIA Program (a) • Helen Smith Group Home(a) 	<ul style="list-style-type: none"> • Emotionally Disturbed not held accountable for violence against others(a) 	<ul style="list-style-type: none"> • Adjudicated youth transition back to school through Alternative Education(c) • CHS Enhanced(c) • CHS Impact(c) 	<ul style="list-style-type: none"> •

AREA V ANNE ARUNDEL, PRINCE GEORGE'S

	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
					<ul style="list-style-type: none"> • Pathways(b) • San Mar Group Home(c) • YWFM Substance Abuse(a) • Jane Egerton Group Home(a) • Structured/Regular Shelter Care(c) • CYF Shelter 			
PRINCE GEORGE'S	<ul style="list-style-type: none"> • Caring Program-Community Base Program -90 Day Counseling(c) • Health Department Addiction Counseling(b) • Pre-Court Supervision(c) • Community Service(c) • Apology Letter(c) 	<ul style="list-style-type: none"> • Education Issues(c) • Pre-Employment Training(c) • Money for Transportation to Services(c) • College Tours(c) • Therapy (c) • Vocational Training(c) 	<ul style="list-style-type: none"> • Electronic Monitoring(c) • Counseling (Drug Family, etc.)(c) • Safe Passages Day Treatment(a) • CHHS-Impact(c) • Just for Girls(c) • Detention (limited time period) (c) • Youth Family Counseling Progressive Life Center(a) • Court Review(c) • Anger Management(c) • Institute for Family Centered Services(a) • Victim Awareness(c) • Community Supervision Program(c) • Eastern Shore Drill Academy(c) 	<ul style="list-style-type: none"> • Scholarships(c) • Outpatient Sex Offender Counseling(c) • Varied Sanctions(c) • Timely Evaluations(c) • CHOICE in all areas(c) • Military Preparatory School 	<ul style="list-style-type: none"> • Bowling Brook(c) • Glenn Mills(c) • CHHS- Enhanced, Intermediate, Impact (a) • Jefferson School(c) • Residential Treatment Center- Pines, Woodburne, Edgemoade, Good Shepherd • Center(c) • Alleghany Girls Home(c) • Independent Living(c) • Foster Concern Homes FSI(c) • Therapeutic Group Homes(c) • Schaefer House(c) • RTC New Directions Sex(c) • Finan Center Jackson Unit(c) • Morning star long term drug treatment(c) • Youth Centers(c) 	<ul style="list-style-type: none"> • Female Shelter MD(c) • Level 6- for Pregnant Girls and Babies(c) • Boot Camp(c) 	<ul style="list-style-type: none"> • Intensive Aftercare(a) • PG County Health Department(c) • Individual Counseling Intensive Aftercare(b) • Counseling/Therapy (Family, Individual, etc.) (c) • Family Intervention Specialist(b) • Multi-Systematic Therapy MST(c) • Just for Guys Counseling Group(b) • Family Connection(c) • Just for Parent Counseling Group(b) • Electronic Monitoring(c) • Progressive Life(c) • IFCS Institute for Family Centered Services(c) • Outpatient Sex Offender Counseling(c) 	<ul style="list-style-type: none"> • Medication Continuum(c) • Transportation(c) • Local Transportation Officers in Area V (c) • Respite Beds(c)

AREA V ANNE ARUNDEL, PRINCE GEORGE'S

COUNTY	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
					<ul style="list-style-type: none"> • Mountain Manor drug treatment(c) • Kids Peace RTC group home(c) • O'Farrell Center(c) • Our House(c) 		<ul style="list-style-type: none"> • Residential Treatment Center-1. Pines 2. Woodburne 3. Edgemoade 4. Good Shepherd Center 5. RICA 6. Potomac Ridge • Sanmar Girls Group Home(c) • Advocacy Family Services(c) 	
PRINCE GEORGE'S	<ul style="list-style-type: none"> • Teen Court(b) • Intake Hearing(Informal hearing)(a) • Youth Services Bureaus(b) • Mental Health Assessment and Treatment Referrals(c) • Spotlight on Schools Worker (pre-probation)(a) • CINS Child In Need of Supervision Diversion(a) • Substance Abuse Assessment(a) • Mental Health Assessment(c) 	<ul style="list-style-type: none"> • Attention to Gangs(c) • Community Conference(b) • Transportation(c) • Mentoring (Non MH) (c) • Interventions for Aggressive/ Assaultive Youth in schools(c) • Immediate Sanctions(c) • 30-Day Assessment Center(a) 	<ul style="list-style-type: none"> • Community Services Initiative(b) • Substance abuse level one(b) • Intensive Family Preservation(b) • MST(b) • Non-therapeutic Group Home(a) • Therapeutic Group Home(a) • Drug Court(b) • Gender Specific Programming(a) • Probation(a) • Electronic Monitoring(a) • Community Supervision(a) • School based Probation(a) • Community based Intensive in-home program(a) • Safe Passages(a) • Mental Health 	<ul style="list-style-type: none"> • Life Skills training(c) • Vocational training(c) • Intensive Outpatient/Substance abuse treatment(c) • TGH for females(c) 	<ul style="list-style-type: none"> • Woods (a) • Regional Institute for Children and Adolescents Southern Maryland(b) • Alternatives for Youth(a) • Woods(a) • Potomac Ridge(b) • Concern(a) • Carter Center(a) • Glenn Mills(a) • NIA(a) • Morning Star(a) • Mt. Manor(a) • DJS Youth Center(a) • Lower Eastern Shore(a) • Bowling Brook(a) • New Directions Chesapeake(a) • Family Advocacy(a) • Chesapeake Youth Academy(b) • Riverside 	<ul style="list-style-type: none"> • Residential Sex Offender Treatment(c) • Therapeutic Girl's Group Home(c) • No residential secured male drug Treatment(c) • Residential Drug Treatment(c) • Specialized group homes for Sex Offenders(b) • Housing for Transitional Age Youth(c) • Shelter Care(a) • Respite Care(b) 	<ul style="list-style-type: none"> • Family Intervention Specialist Program (a) • SCP(a) • Children's 	

AREA V ANNE ARUNDEL, PRINCE GEORGE'S

IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE		
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
			Assessment and Treatment Referral(c) <ul style="list-style-type: none"> • Spotlight on Schools Worker(a) • Community Services Initiative(c) • Juvenile Drug Court(a) 		Hospital(a) <ul style="list-style-type: none"> • Cesar Ridge(a) • Catonsville Guide Shelter(a) • Sykesville Shelter(a) • Jane Edgerton(a) • CYF- Shelter(a) • Tri-Mer(a) • Thomas O' Farrel(a) • Young Women's Facility(a) • Waxter's(a) • Devereaux(a) • Karma Academy(a) • Chas Hickey(a) • New Dominion(a) • Woodbourne(b) • Pines(b) • Regional Institute for Children and Adolescents Baltimore(b) • Villa Maria(b) • Edgemeade(b) • Good Shepherd Center(b) • Treatment Foster Care(a) 			

AREA V ANNE ARUNDEL, PRINCE GEORGE'S								
	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
COUNTY	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps

AREA V ST. MARY'S, CALVERT, CHARLES

	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
ST. MARY'S	<ul style="list-style-type: none"> • CINS(a) • Tri-county Youth services(a) • Teen Court(b) • Young Marines(b) • Neighborhood Accountability Board(a) • Cheltenham(a) • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Alternatives for Youth and Families(b) • Calvert Hospital(c) • Center for Children(a) • TRICO(b) • Mental Health Authority(b) • Family Preservation(b) • Walden(b) • Drug Court(a) • Choice(b) • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Cedar Ridge(c) • Maple Shade(b) • Mountain Manor(a) • Schaffer House(a) • Boiling Brook(b) • Waxter's(a) • Hickey(c) • Arrow Project(c) • Riverside(c) • Sheppard Pratt(c) • High Road(c) • Edgemoade(c) • RICA(c) • Sykesville Shelter(c) 	<ul style="list-style-type: none"> • People to play nice(c) • More people who care(c) • More Community Police(c) • More Local Shelter(c) • More (local) respite service(c) • More psychiatrist(c) • More therapist adolescent trained/court(c) • Coordination of Services(c) • Cooperation(c) • School System(c) 	<ul style="list-style-type: none"> • Family Preservation(b) • Center for Children(b) • Intensive Outpatient Courses(b) • Drug Court(a) • Electronic Monitor(a) • Intensive Family Centered Service(b) • Family Intervention Specialist(b) 	<ul style="list-style-type: none"> •

AREA V ST. MARY'S, CALVERT, CHARLES								
	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
ST. MARY'S	<ul style="list-style-type: none"> • NYAB(a) • Community Service Program(b) • CINS(a) • Teen Court(c) • Cognitive Programming- Anger Management, Social Skills, Counseling, Family Therapy(a) • Restitution(b) • Electronic Monitoring/CD(a) • Walden Substance Abuse Treatment(c) 	<ul style="list-style-type: none"> • In-Home Pkp(c) • Wrap Around Services(c) 	<ul style="list-style-type: none"> • Consequence beds(a) • Choice(c) • IFFCS(a) • SOS(a) • C Safe(a) • CFC Family Intervention Specialist(b) • Center for Children Sex Offender Treatment(b) • Family Preservation Services(b) 	<ul style="list-style-type: none"> • Services Integration(c) • Shelter Respite(c) • Female Shelters(c) • Detention Act – Evening and Day Report(c) 	<ul style="list-style-type: none"> • RICA(b) • RTC(a) • Mountain Manor(b) • Hickey- Impact, Secure, Intermediate(a) • Spring Grove(b) • Shaffer House(a) • Cheltenham(a) • AFY- Group Homes, Foster Care, Independent Living(b) • Waxters(a) • New Dominion wilderness program(a) 	<ul style="list-style-type: none"> • Family Support when in residential care(c) 	<ul style="list-style-type: none"> • Transition Team(a) • CSI(b) 	<ul style="list-style-type: none"> • Mentors(c) • In-Home Family Interventions(c)

AREA V ST. MARY'S, CALVERT, CHARLES

	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
CALVERT	<ul style="list-style-type: none"> • Anger Management Group(a) • Calvert Mental Health (Targeted Case Management)(b) • Substance Abuse Services(b) • Child in Need of Supervision (CINS)(b) • Informal Supervision (community service, essays, restitution)(a) • Family Coordination Center(b) • Neighborhood Youth Panel(a) • Family Preservation(b) • Victim Awareness Program(a) 	<ul style="list-style-type: none"> • More wrap around services(a) • Mentoring(b) • After School Programming (boys and girls club, tutoring)(b) • Intensive out patient and in patient substance abuse treatment for juvenile in the county(b) 	<ul style="list-style-type: none"> • School based mental health program(b) • Memorial Hospital Day Treatment Program(b) • Electronic Monitoring Program(a) • Southern Maryland Community Psychiatric Rehabilitation Program(b) • Probation(a) • Spotlight on Schools(a) 	<ul style="list-style-type: none"> • In County, licensed sex offender treatment(c) • Drug Court/ Teen Court(a) 	<ul style="list-style-type: none"> • Group Homes- Our House, Shining Tree/Big Pine, San Mar, Cedar Ridge, Maple Shade, KARMA Academy(c) • Residential Treatment Centers- RICA So. MD, Good Shepperd, Edgemeade, Woodbourne, Ches. Youth Academy, Glen Mills, Bowling Brook, Shepperd Pratt, Catoctin Summit, Ches. Youth Center, New Dominion, Potomac Ridge, The Jefferson School, The Pines(Virginia)(c) • Lighthouse Group Home for Girls (Charles County)(b) • Calvert Memorial Hospital Adolescent In-patient(acute care)(b) • Foster Care (Dept. of Soc. Services) (c) • Therapeutic Foster Care (Alternative for Youth, Foundations) (c) • Triad House group home(b) 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • (CSI) Community Service Initiative(b) • Institute for Family Centered Services(c) • Electronic Monitoring Program(a) • Aftercare Probation(a) 	<ul style="list-style-type: none"> • Local(in-county) Group Homes, RTC's and shelter(c) • Night Reporting Center After Hours Programs(b) • Lack of Funding/More Flexibility(c) • Transportation for After Hours appointments, substance abuse, probation etc. (c)

AREA V ST. MARY'S, CALVERT, CHARLES

	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
CALVERT	<ul style="list-style-type: none"> • CMH Day Treatment (b) • After School Programs(a) • Community Service Program- States Attorney Office(b) • Neighborhood Youth Panels(a) • Intake Conferences(a) • The Reality Program(a) • Substance Abuse Program referrals Education(MSAP)(b) • Cheltenham Youth Facility Overnight detention(a) • Electronic Monitoring – Community Detention(a) • Boys/Girls Clubs(b) • Family Coordinating Center(b) • TCYSB- CINS, Family Therapy(a) • Center for Children Individual/Groups(a) • Victim Awareness(a) • Shock-Trauma(a) • Family Preservation(b) • Intensive Family Centered Services(a) • Family Intensive Specific(b) 	<ul style="list-style-type: none"> • Single point of access(b) • Local Female Shelter(a) • Wraparound Services(c) • Sex Education/Prevention (b) • Mentoring(c) 	<ul style="list-style-type: none"> • Crisis beds/CSA(a) • Family Preservation(b) • Electronic Monitoring- Com. Detention(a) • Spotlight on Schools(a) 	<ul style="list-style-type: none"> • Supervised Organized Community Activities(c) • Choice(a) • Intensive Mental Health Outpatient(c) • Juvenile/Family Drug Court(c) 	<ul style="list-style-type: none"> • Edgemoade(c) • Adventist Crille group home(a) • Maryland Youth Residential Center(a) • Glen Mills(a) • Sheppard Pratt(b) • Taylor Manor inpatient Mental Health(b) • Pathways Inpatient(a) • RICA's (a) • Mt. Manor inpatient(a) • Jackson Unit/ Finan Center(a) • New Dominion Wilderness(a) • Bollingbroke Group home(a) • Potomac Ridge- inpatient, mental health, sex offenders(a) • Cheltenham(a) 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • GED/Board of Education • Triad group home(a) • Aftercare Supervision(a) 	<ul style="list-style-type: none"> •

AREA V ST. MARY'S, CALVERT, CHARLES

	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
CHARLES	<ul style="list-style-type: none"> • Links for Youth Targeted Case Management- Mental Health(b) • Informal Probation(a) • Victim Awareness(a) • Teen Court(b) • Community Service (Vics office)(b) • Apology letters(b) • Restitution(a) 	<ul style="list-style-type: none"> • Mentoring(a) • Miscellaneous funding so needy kids can pay for after school activities(a) • Central County Community Center(c) • After school program like safe passages(a) 	<ul style="list-style-type: none"> • Probation(a) • Anger Management(a) • Electronic Monitoring(a) • Substance Abuse(b) • In-home wraparound/services(a) • Individual/family Counseling(a) • C-Safe (Hot Spots) • Spotlight on Schools-probation(a) 	<ul style="list-style-type: none"> • Multi-Model treatment team- Psychiatrist, therapist and in home services run by same organization(b) • Intensive Drug treatment(a) • Vocational training(b) • DSS(b) • Transportation(b) 	<ul style="list-style-type: none"> • Thomas Ofarrell(a) • RICA(a) • Bowling Brook(a) • Youth Centers(a) • Treatment foster care(a) • Group homes(b) • Detention CYF(a) • Mountain Manor(drug treatment)(a) • Hickey(a) • The Pines (boys and girls)(out of state) (c) • Chesapeake(a) • Family Advocacy(c) • Glenn Mills(a) • Triad(boys)(boys treatment group home) • The Lighthouse(girls group home)(b) • Schaffer House(a) • Potomac Ridge(psychiatric, sex offender, etc.) (c) • Maple Shade(c) • Big Pines-shining tree(a) • Morningstar(c) • Cedar Ridge(c) • Jane Egenton(c) 	<ul style="list-style-type: none"> • Cyf to evaluate detention kids for meds, mental health meds, school meds(a) • Emergency Shelter(b) • Local Placement Facilities(a) 	<ul style="list-style-type: none"> • Family Intervention Specialist for Intensive Aftercare(a) • Intensive Aftercare Probation(a) 	<ul style="list-style-type: none"> • Daycare so girls can stay in school(b) • Lack of Mental Health providers for family with private insurance(c) • Parenting classes(a) • South County Substance Abuse groups(b) • Dual Diagnosis Treatment-high level treatment in group home setting(c)

AREA V ST. MARY'S, CALVERT, CHARLES								
	IMMEDIATE		INTERMEDIATE		SECURE/RESIDENTIAL		AFTERCARE	
	Services	Gaps	Services	Gaps	Services	Gaps	Services	Gaps
CALVERT	<ul style="list-style-type: none"> • D.A.R.E.(b) • Teen Court(b) • Restitution Programs(a) • VICS Community Services(b) • Outpatient Counseling(a) • Intensive Case Management(a) • Victim Awareness(a) • Electronic Monitoring(a) • Alcohol Awareness(b) • Tobacco Awareness(b) • CINS Development (a) 	•	<ul style="list-style-type: none"> • Substance Abuse(b) • Anger Management(b) • Moral Recreation Therapy(a) • Consequence Beds(a) • C-Safe(a) • Spotlight on Schools(a) 	•	<ul style="list-style-type: none"> • Residential Treatment Center(a) • Youth Challenge Freestate(b) • Job Corp(b) • Detention(a) • Hickey- Secure(a) • Youth Center(a) • Waxters- Secure NIA, Secure Drug(a) • Jude House(b) • Foster Care(a) • Group Home(a) • Therapeutic Foster Care(b) 	•	<ul style="list-style-type: none"> • Family Intervention Specialist(a) • Intensive transition team(a) • Intensive Aftercare Program(a) 	•

Appendix G
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Forecast Results

Detention Alternatives

Year	<u>Area I Males</u>		<u>Area II Males</u>		<u>Area III Males</u>		<u>Area IV Males</u>		<u>Area V Males</u>		<u>Statewide Females</u>		<u>TOTAL ADP</u>			<u>TOTAL COSTS</u>	
	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	Low	Mid	High	Daily	Annual
2004	199	\$11,741	90	\$5,310	55	\$3,245	26	\$1,534	116	\$6,844	77	\$4,543	563	563	563	\$33,217	\$12,124,205
2005	197	\$11,972	89	\$5,409	52	\$3,160	28	\$1,702	112	\$6,806	73	\$4,436	543	551	559	\$33,492	\$12,224,679
2006	208	\$13,019	94	\$5,884	55	\$3,443	29	\$1,815	118	\$7,386	77	\$4,820	575	581	587	\$36,373	\$13,275,996
2007	220	\$14,184	99	\$6,383	58	\$3,739	31	\$1,999	125	\$8,059	81	\$5,222	609	614	619	\$39,590	\$14,450,397
2008	232	\$15,406	105	\$6,973	62	\$4,117	32	\$2,125	132	\$8,765	86	\$5,711	645	649	653	\$43,101	\$15,731,813
2009	245	\$16,757	110	\$7,524	65	\$4,446	34	\$2,326	139	\$9,507	91	\$6,224	680	684	688	\$46,788	\$17,077,498
2010	259	\$18,246	116	\$8,172	69	\$4,861	36	\$2,536	147	\$10,356	96	\$6,763	719	723	727	\$50,939	\$18,592,621
2011	273	\$19,810	123	\$8,925	72	\$5,225	38	\$2,757	155	\$11,247	101	\$7,329	758	762	766	\$55,297	\$20,183,284
2012	273	\$20,404	123	\$9,193	72	\$5,381	38	\$2,840	155	\$11,585	101	\$7,549	759	762	765	\$56,954	\$20,788,374
2013	273	\$21,016	123	\$9,469	72	\$5,543	38	\$2,925	155	\$11,932	101	\$7,775	759	762	765	\$58,663	\$21,411,992
2014	273	\$21,646	123	\$9,753	72	\$5,709	38	\$3,013	155	\$12,290	101	\$8,008	759	762	765	\$60,423	\$22,054,319
2015	273	\$22,296	123	\$10,045	72	\$5,880	38	\$3,103	155	\$12,659	101	\$8,249	759	762	765	\$62,235	\$22,715,916
2016	273	\$22,965	123	\$10,347	72	\$6,057	38	\$3,197	155	\$13,039	101	\$8,496	759	762	765	\$64,102	\$23,397,361
2017	273	\$23,654	123	\$10,657	72	\$6,238	38	\$3,292	155	\$13,430	101	\$8,751	759	762	765	\$66,025	\$24,099,249
2018	273	\$24,363	123	\$10,977	72	\$6,425	38	\$3,391	155	\$13,833	101	\$9,014	759	762	765	\$68,006	\$24,822,193
2019	273	\$25,094	123	\$11,306	72	\$6,618	38	\$3,493	155	\$14,248	101	\$9,284	760	762	764	\$70,045	\$25,566,461
2020	273	\$25,847	123	\$11,645	72	\$6,817	38	\$3,598	155	\$14,675	101	\$9,562	760	762	764	\$72,146	\$26,333,433

Scenario Parameters

<u>Category</u>	<u>Starting Population</u>	<u>Cost per Day</u>	<u>Admissions per Year</u>	<u>Expected Change in Admissions</u>	<u>Length of Stay (Days)</u>	<u>Expected Change in LoS</u>
Area I Males	199	\$59	1,802	Annual 4.5% from 2006 to 2011	40	None.
Area II Males	90	\$59	812	Annual 4.5% from 2006 to 2011	40	None.
Area III Males	55	\$59	503	Annual 4.5% from 2006 to 2011	38	None.
Area IV Males	26	\$59	234	Annual 4.5% from 2006 to 2011	43	None.
Area V Males	116	\$59	1,048	Annual 4.5% from 2006 to 2011	39	None.
Statewide Female	77	\$59	636	Annual 4.5% from 2006 to 2011	42	None.

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 Juvenile Forecaster [data presentation and analysis package]. Washington, DC: Urban Institute, Justice Policy Center [producer].
 Washington, DC: Office of Juvenile Delinquency and Prevention [distributor].

Notes

Includes community detention, electronic monitoring, shelter care, day/evening reporting centers. Note 1: All lengths of stay are adjusted slightly from the estimates derived by Chapin Hall, assuming current populations are stable. Note 2: Admissions are assumed to increase 4.5% annually during the first five years after 2005 due to expanded investments in electronic supervision and other types of detention alternatives. An annual increase of 4.5% over five years is a continuation of the rate of expansion from 2000 to 2004, when total capacity of detention alternatives grew 30%.

Group Homes/Foster Care

Year	<u>Area I Males</u>		<u>Area II Males</u>		<u>Area III Males</u>		<u>Area IV Males</u>		<u>Area V Males</u>		<u>Statewide Females</u>		<u>TOTAL ADP</u>			<u>TOTAL COSTS</u>	
	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	Low	Mid	High	Daily	Annual
2004	132	\$22,440	47	\$7,990	93	\$15,810	38	\$6,460	64	\$10,880	57	\$9,690	431	431	431	\$73,270	\$26,743,550
2005	132	\$23,113	47	\$8,230	93	\$16,284	38	\$6,654	64	\$11,206	57	\$9,981	416	431	446	\$75,483	\$27,551,332
2006	132	\$23,807	47	\$8,477	93	\$16,773	38	\$6,853	64	\$11,543	57	\$10,280	420	431	442	\$77,743	\$28,376,247
2007	126	\$23,406	45	\$8,359	90	\$16,719	36	\$6,687	61	\$11,332	55	\$10,217	405	413	421	\$76,728	\$28,005,852
2008	120	\$22,960	43	\$8,227	85	\$16,264	34	\$6,505	58	\$11,098	52	\$9,949	385	392	399	\$75,011	\$27,378,981
2009	114	\$22,467	41	\$8,080	81	\$15,963	33	\$6,504	56	\$11,036	49	\$9,657	368	374	380	\$73,713	\$26,905,116
2010	109	\$22,126	39	\$7,917	77	\$15,630	31	\$6,293	53	\$10,758	47	\$9,540	351	356	361	\$72,269	\$26,378,201
2011	108	\$22,580	38	\$7,945	76	\$15,890	31	\$6,481	52	\$10,872	47	\$9,827	347	352	357	\$73,601	\$26,864,238
2012	108	\$23,258	38	\$8,183	76	\$16,367	31	\$6,676	52	\$11,198	47	\$10,121	347	352	357	\$75,809	\$27,670,110
2013	108	\$23,956	38	\$8,429	76	\$16,858	31	\$6,876	52	\$11,534	47	\$10,425	348	352	356	\$78,082	\$28,499,794
2014	108	\$24,674	38	\$8,682	76	\$17,363	31	\$7,082	52	\$11,880	47	\$10,738	348	352	356	\$80,424	\$29,354,744
2015	108	\$25,415	38	\$8,942	76	\$17,884	31	\$7,295	52	\$12,237	47	\$11,060	348	352	356	\$82,837	\$30,235,343
2016	108	\$26,177	38	\$9,210	76	\$18,421	31	\$7,514	52	\$12,604	47	\$11,392	348	352	356	\$85,322	\$31,142,359
2017	108	\$26,962	38	\$9,487	76	\$18,973	31	\$7,739	52	\$12,982	47	\$11,734	348	352	356	\$87,881	\$32,076,586
2018	108	\$27,771	38	\$9,771	76	\$19,543	31	\$7,971	52	\$13,371	47	\$12,086	349	352	355	\$90,516	\$33,038,475
2019	108	\$28,604	38	\$10,064	76	\$20,129	31	\$8,210	52	\$13,772	47	\$12,448	349	352	355	\$93,232	\$34,029,596
2020	108	\$29,462	38	\$10,366	76	\$20,733	31	\$8,457	52	\$14,186	47	\$12,822	349	352	355	\$96,029	\$35,050,451

Scenario Parameters

<u>Category</u>	<u>Starting Population</u>	<u>Cost per Day</u>	<u>Admissions per Year</u>	<u>Expected Change in Admissions</u>	<u>Length of Stay (Days)</u>	<u>Expected Change in LoS</u>
Area 1 Males	132	\$170	299	Annual -5% from 2007 to 2010	161	None.
Area II Males	47	\$170	84	Annual -5% from 2007 to 2010	203	None.
Area III Males	93	\$170	148	Annual -5% from 2007 to 2010	230	None.
Area IV Males	38	\$170	67	Annual -5% from 2007 to 2010	206	None.
Area V Males	64	\$170	109	Annual -5% from 2007 to 2010	214	None.
Statewide Femal	57	\$170	128	Annual -5% from 2007 to 2010	163	None.

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 Washington, DC: Office of Juvenile Delinquency and Prevention [distributor].

Notes

Includes all per diem group home and foster care placements. Excludes therapeutic homes. Note 1: Populations are expected to decrease as non-residential wrap-around programs begin to serve this population. Note 2: Trends reflect an expected decrease between years 2007 and 2010 in response to increasing wraparound.

Non-Secure / Staff Secure

Year	<u>Area I Males</u>		<u>Area II Males</u>		<u>Area III Males</u>		<u>Area IV Males</u>		<u>Area V Males</u>		<u>Statewide Females</u>		<u>TOTAL ADP</u>			<u>TOTAL COSTS</u>	
	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	Low	Mid	High	Daily	Annual
2004	135	\$23,220	89	\$15,308	84	\$14,448	30	\$5,160	112	\$19,264	12	\$2,064	462	462	462	\$79,464	\$29,004,360
2005	134	\$23,739	89	\$15,767	84	\$14,881	30	\$5,315	111	\$19,665	12	\$2,126	446	460	474	\$81,508	\$29,750,274
2006	133	\$24,269	88	\$16,058	84	\$15,328	30	\$5,474	111	\$20,255	12	\$2,190	448	458	468	\$83,583	\$30,507,962
2007	132	\$24,809	88	\$16,540	84	\$15,788	30	\$5,638	110	\$20,674	12	\$2,255	448	456	464	\$85,713	\$31,285,159
2008	131	\$25,360	87	\$16,842	84	\$16,261	30	\$5,808	110	\$21,295	12	\$2,323	447	454	461	\$87,896	\$32,081,942
2009	130	\$25,921	87	\$17,347	84	\$16,749	30	\$5,982	110	\$21,933	12	\$2,393	447	453	459	\$90,332	\$32,971,180
2010	129	\$26,494	86	\$17,662	84	\$17,252	30	\$6,161	109	\$22,386	12	\$2,465	445	450	455	\$92,425	\$33,734,996
2011	128	\$27,077	86	\$18,192	84	\$17,769	30	\$6,346	109	\$23,058	12	\$2,538	444	449	454	\$94,986	\$34,669,780
2012	128	\$27,889	86	\$18,738	84	\$18,302	30	\$6,537	108	\$23,532	12	\$2,615	443	448	453	\$97,617	\$35,630,291
2013	127	\$28,501	85	\$19,076	84	\$18,851	30	\$6,733	108	\$24,237	12	\$2,693	442	446	450	\$100,096	\$36,534,953
2014	126	\$29,125	85	\$19,648	84	\$19,417	30	\$6,935	107	\$24,733	12	\$2,774	440	444	448	\$102,636	\$37,462,215
2015	125	\$29,761	84	\$19,999	84	\$19,999	30	\$7,143	107	\$25,475	12	\$2,857	438	442	446	\$105,239	\$38,412,233
2016	124	\$30,409	84	\$20,599	84	\$20,599	30	\$7,357	106	\$25,994	12	\$2,943	436	440	444	\$107,906	\$39,385,538
2017	123	\$31,068	83	\$20,965	84	\$21,217	30	\$7,578	106	\$26,774	12	\$3,031	434	438	442	\$110,637	\$40,382,671
2018	122	\$31,740	83	\$21,594	84	\$21,854	30	\$7,805	105	\$27,317	12	\$3,122	433	436	439	\$113,435	\$41,403,822
2019	121	\$32,424	83	\$22,242	84	\$22,510	30	\$8,039	105	\$28,137	11	\$2,948	431	434	437	\$116,302	\$42,450,285
2020	121	\$33,397	82	\$22,633	84	\$23,185	30	\$8,280	105	\$28,981	11	\$3,036	430	433	436	\$119,515	\$43,623,018

Scenario Parameters

<u>Category</u>	<u>Starting Population</u>	<u>Cost per Day</u>	<u>Admissions per Year</u>	<u>Expected Change in Admissions</u>	<u>Length of Stay (Days)</u>	<u>Expected Change in LoS</u>
Area 1 Males	135	\$172	342	Exp. -0.7% from 2005 to 2020	144	None.
Area II Males	89	\$172	254	Exp. -0.5% from 2005 to 2020	128	None.
Area III Males	84	\$172	203	Exp. 0.01% from 2005 to 2020	151	None.
Area IV Males	30	\$172	53	Exp. -0.03% from 2005 to 2020	207	None.
Area V Males	112	\$172	252	Exp. -0.42% from 2005 to 2020	162	None.
Statewide female	12	\$172	49	Exp. -0.33% from 2005 to 2020	90	None.

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 Washington, DC: Office of Juvenile Delinquency and Prevention [distributor].

Notes

Includes non-secure placements and staff secure facilities (e.g., Glen Mills, Bowling Brook) and youth camps, such as O'Farrell and Impact (excluding Meadow Mtn). No significant changes are projected other than those changes projected for the age 10-19 population between 2005 and 2020. Note 1: Admission rates are adjusted to fit with the known ADP numbers and the calculations of length of stay by Chapin Hall, assuming current populations are stable. Note 2: Placement numbers are assumed to remain flat in this category because any expected reductions due to an expansion of wraparound services will likely be matched by changes in the number of youth moved into these categories out of pending placement.

Pending Placement

Year	<u>Area I Males</u>		<u>Area II Males</u>		<u>Area III Males</u>		<u>Area IV Males</u>		<u>Area V Males</u>		<u>Statewide Females</u>		<u>TOTAL ADP</u>			<u>TOTAL COSTS</u>	
	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	Low	Mid	High	Daily	Annual
2004	50	\$8,850	40	\$7,080	36	\$6,372	11	\$1,947	51	\$9,027	19	\$3,363	207	207	207	\$36,639	\$13,373,235
2005	50	\$9,116	40	\$7,292	36	\$6,563	11	\$2,005	51	\$9,298	19	\$3,464	203	207	211	\$37,742	\$13,775,892
2006	45	\$8,450	36	\$6,760	33	\$6,197	10	\$1,878	46	\$8,638	17	\$3,192	184	187	190	\$35,118	\$12,817,971
2007	40	\$7,737	32	\$6,189	29	\$5,609	9	\$1,741	41	\$7,930	15	\$2,901	164	166	168	\$32,109	\$11,719,604
2008	36	\$7,172	29	\$5,777	27	\$5,379	8	\$1,594	37	\$7,371	14	\$2,789	149	151	153	\$30,083	\$10,980,468
2009	36	\$7,387	29	\$5,951	27	\$5,540	8	\$1,642	37	\$7,592	14	\$2,873	150	151	152	\$30,985	\$11,309,495
2010	36	\$7,609	29	\$6,129	27	\$5,706	8	\$1,691	37	\$7,820	14	\$2,959	150	151	152	\$31,914	\$11,648,769
2011	35	\$7,619	29	\$6,313	27	\$5,878	8	\$1,742	37	\$8,054	14	\$3,048	149	150	151	\$32,654	\$11,918,765
2012	35	\$7,848	28	\$6,278	27	\$6,054	8	\$1,794	37	\$8,296	14	\$3,139	148	149	150	\$33,410	\$12,194,477
2013	35	\$8,083	28	\$6,466	27	\$6,236	8	\$1,848	36	\$8,314	14	\$3,233	147	148	149	\$34,181	\$12,476,006
2014	35	\$8,326	28	\$6,660	27	\$6,423	8	\$1,903	36	\$8,563	14	\$3,330	147	148	149	\$35,206	\$12,850,275
2015	34	\$8,330	28	\$6,860	27	\$6,615	8	\$1,960	36	\$8,820	14	\$3,430	146	147	148	\$36,017	\$13,146,344
2016	34	\$8,580	28	\$7,066	27	\$6,814	8	\$2,019	36	\$9,085	14	\$3,533	146	147	148	\$37,098	\$13,540,723
2017	34	\$8,838	28	\$7,278	27	\$7,018	8	\$2,079	36	\$9,357	13	\$3,379	145	146	147	\$37,951	\$13,852,060
2018	34	\$9,103	28	\$7,496	27	\$7,229	8	\$2,142	36	\$9,638	13	\$3,480	145	146	147	\$39,089	\$14,267,610
2019	33	\$9,100	28	\$7,721	27	\$7,446	8	\$2,206	35	\$9,652	13	\$3,585	143	144	145	\$39,710	\$14,494,323
2020	33	\$9,373	27	\$7,669	27	\$7,669	8	\$2,272	35	\$9,941	13	\$3,692	142	143	144	\$40,618	\$14,825,470

Scenario Parameters

<u>Category</u>	<u>Starting Population</u>	<u>Cost per Day</u>	<u>Admissions per Year</u>	<u>Expected Change in Admissions</u>	<u>Length of Stay (Days)</u>	<u>Expected Change in LoS</u>
Area I Males	50	\$177	415	Exp. -0.7% from 2005 to 2020	44	Annual -10% from 2005-08
Area II Males	40	\$177	430	Exp. -0.5% from 2005 to 2020	34	Annual -10% from 2005-08
Area III Males	36	\$177	424	Exp. 0.01% from 2005 to 2020	31	Annual -10% from 2005-08
Area IV Males	11	\$177	106	Exp. -0.03% from 2005 to 2020	38	Annual -10% from 2005-08
Area V Males	51	\$177	642	Exp. -0.42% from 2005 to 2020	29	Annual -10% from 2005-08
Statewide Female	19	\$177	178	Exp. -0.33% from 2005 to 2020	39	Annual -10% from 2005-08

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Notes

Includes youth in detention or detention alternatives while awaiting committed placement. No significant changes are projected other than those changes projected for the age 10-19 population between 2005 and 2020. Note 1: Admissions per time period were adjusted to reflect stable populations and fit with Chapin Hall's calculations for length of stay. Note 2: Lengths of stay for pending placement are affected by new or re-negotiated contracts for new state run programs (for committed youth) as they become available. Forecast assumes length of stay in pending placement will be gradually reduced between 2005 and 2008.

Secure Committed

Year	<u>Area I Males</u>		<u>Area II Males</u>		<u>Area III Males</u>		<u>Area IV Males</u>		<u>Area V Males</u>		<u>Statewide Females</u>		<u>TOTAL ADP</u>			<u>TOTAL COSTS</u>	
	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	Low	Mid	High	Daily	Annual
2004	22	\$3,652	6	\$996	16	\$2,656	3	\$498	20	\$3,320	14	\$2,324	81	81	81	\$13,446	\$4,907,790
2005	22	\$3,762	6	\$1,026	16	\$2,736	3	\$513	20	\$3,420	14	\$2,394	73	81	89	\$13,857	\$5,057,944
2006	22	\$3,874	6	\$1,057	16	\$2,818	3	\$528	20	\$3,522	14	\$2,466	75	81	87	\$14,271	\$5,208,864
2007	22	\$3,991	6	\$1,088	16	\$2,902	3	\$544	20	\$3,628	14	\$2,539	76	81	86	\$14,698	\$5,364,700
2008	22	\$4,110	6	\$1,121	16	\$2,989	3	\$561	20	\$3,737	14	\$2,616	77	81	85	\$15,138	\$5,525,221
2009	22	\$4,234	6	\$1,155	16	\$3,079	3	\$577	20	\$3,849	14	\$2,694	77	81	85	\$15,592	\$5,690,934
2010	22	\$4,361	6	\$1,189	16	\$3,171	3	\$595	20	\$3,964	14	\$2,775	78	81	84	\$16,058	\$5,861,253
2011	21	\$4,287	6	\$1,225	16	\$3,267	3	\$612	19	\$3,879	14	\$2,858	76	79	82	\$16,132	\$5,888,022
2012	21	\$4,416	6	\$1,262	16	\$3,365	3	\$631	19	\$3,995	14	\$2,944	76	79	82	\$16,615	\$6,064,629
2013	21	\$4,548	6	\$1,300	16	\$3,465	3	\$650	19	\$4,115	14	\$3,032	76	79	82	\$17,114	\$6,246,535
2014	21	\$4,685	6	\$1,339	16	\$3,569	3	\$669	19	\$4,239	14	\$3,123	77	79	81	\$17,626	\$6,433,534
2015	21	\$4,825	6	\$1,379	16	\$3,677	3	\$689	19	\$4,366	14	\$3,217	77	79	81	\$18,155	\$6,626,518
2016	21	\$4,970	6	\$1,420	16	\$3,787	3	\$710	19	\$4,497	14	\$3,313	77	79	81	\$18,699	\$6,825,291
2017	20	\$4,876	6	\$1,463	16	\$3,900	3	\$731	19	\$4,632	14	\$3,413	76	78	80	\$19,017	\$6,941,050
2018	20	\$5,022	6	\$1,507	16	\$4,017	3	\$753	19	\$4,771	14	\$3,515	76	78	80	\$19,587	\$7,149,259
2019	20	\$5,172	6	\$1,552	16	\$4,138	3	\$776	19	\$4,914	14	\$3,621	76	78	80	\$20,175	\$7,363,715
2020	20	\$5,328	6	\$1,598	16	\$4,262	3	\$799	19	\$5,061	14	\$3,729	76	78	80	\$20,780	\$7,584,605

Scenario Parameters

<u>Category</u>	<u>Starting Population</u>	<u>Cost per Day</u>	<u>Admissions per Year</u>	<u>Expected Change in Admissions</u>	<u>Length of Stay (Days)</u>	<u>Expected Change in LoS</u>
Area I Males	22	\$166	29	Exp. -0.7% from 2005 to 2020	280	None.
Area II Males	6	\$166	9	Exp. -0.5% from 2005 to 2020	244	None.
Area III Males	16	\$166	24	Exp. 0.01% from 2005 to 2020	241	None.
Area IV Males	3	\$166	5	Exp. -0.03% from 2005 to 2020	236	None.
Area V Males	20	\$166	28	Exp. -0.42% from 2005 to 2020	259	None.
Statewide Female	14	\$166	9	Exp. -0.33% from 2005 to 2020	568	None.

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 Juvenile Forecaster [data presentation and analysis package]. Washington, DC: Urban Institute, Justice Policy Center [producer].
 Washington, DC: Office of Juvenile Delinquency and Prevention [distributor].

Notes

Includes Waxter and Hickey (only Intermediate and Enhanced). No significant changes are projected other than those changes projected for the age 10-19 population between 2005 and 2020. Note 1: Admissions per time period were adjusted to fit length of stay calculations by Chapin Hall, assuming current populations are stable. Note 2: Length of stay for females was adjusted from the 259 estimated by Chapin Hall to 568. Note 3: This category could decrease in proportion with an expansion of secure residential treatment.

Secure Detention

Year	<u>Area I Males</u>		<u>Area II Males</u>		<u>Area III Males</u>		<u>Area IV Males</u>		<u>Area V Males</u>		<u>Statewide Females</u>		<u>TOTAL ADP</u>			<u>TOTAL COSTS</u>	
	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	Low	Mid	High	Daily	Annual
2004	102	\$24,786	37	\$8,991	21	\$5,103	17	\$4,131	40	\$9,720	31	\$7,223	248	248	248	\$59,954	\$21,883,210
2005	101	\$25,279	37	\$9,261	21	\$5,256	17	\$4,255	40	\$10,012	31	\$7,440	243	247	251	\$61,506	\$22,449,810
2006	101	\$26,038	37	\$9,539	21	\$5,414	17	\$4,383	40	\$10,312	31	\$7,663	244	247	250	\$63,350	\$23,122,896
2007	100	\$26,553	36	\$9,559	21	\$5,576	17	\$4,514	39	\$10,356	31	\$7,893	242	244	246	\$64,453	\$23,525,427
2008	99	\$27,076	36	\$9,846	21	\$5,743	17	\$4,649	39	\$10,666	31	\$8,130	241	243	245	\$66,113	\$24,131,341
2009	98	\$27,607	36	\$10,141	21	\$5,916	17	\$4,789	39	\$10,986	30	\$8,103	239	241	243	\$67,545	\$24,653,847
2010	98	\$28,435	36	\$10,446	21	\$6,093	17	\$4,933	39	\$11,316	30	\$8,346	240	241	242	\$69,570	\$25,393,075
2011	97	\$28,989	36	\$10,759	21	\$6,276	17	\$5,081	39	\$11,656	30	\$8,597	239	240	241	\$71,358	\$26,045,773
2012	96	\$29,551	36	\$11,082	21	\$6,464	17	\$5,233	39	\$12,005	30	\$8,855	238	239	240	\$73,191	\$26,714,779
2013	96	\$30,438	35	\$11,097	21	\$6,658	17	\$5,390	39	\$12,365	30	\$9,120	237	238	239	\$75,070	\$27,400,484
2014	95	\$31,024	35	\$11,430	21	\$6,858	17	\$5,552	38	\$12,410	30	\$9,394	235	236	237	\$76,669	\$27,984,091
2015	94	\$31,619	35	\$11,773	21	\$7,064	17	\$5,718	38	\$12,782	30	\$9,676	234	235	236	\$78,632	\$28,700,828
2016	94	\$32,567	35	\$12,126	21	\$7,276	17	\$5,890	38	\$13,165	30	\$9,966	234	235	236	\$80,991	\$29,561,842
2017	93	\$33,187	35	\$12,490	21	\$7,494	17	\$6,067	38	\$13,560	30	\$10,265	233	234	235	\$83,064	\$30,318,434
2018	92	\$33,815	34	\$12,497	21	\$7,719	17	\$6,249	38	\$13,967	30	\$10,573	231	232	233	\$84,821	\$30,959,658
2019	92	\$34,830	34	\$12,872	21	\$7,950	17	\$6,436	38	\$14,386	30	\$10,890	231	232	233	\$87,366	\$31,888,437
2020	91	\$35,485	34	\$13,258	21	\$8,189	17	\$6,629	37	\$14,428	29	\$10,843	228	229	230	\$88,833	\$32,423,948

Scenario Parameters

<u>Category</u>	<u>Starting Population</u>	<u>Cost per Day</u>	<u>Admissions per Year</u>	<u>Expected Change in Admissions</u>	<u>Length of Stay (Days)</u>	<u>Expected Change in LoS</u>
Area I Males	102	\$243	1,619	Exp. -0.7% from 2005 to 2020	23	None.
Area II Males	37	\$243	587	Exp. -0.5% from 2005 to 2020	23	None.
Area III Males	21	\$243	365	Exp. 0.01% from 2005 to 2020	21	None.
Area IV Males	17	\$243	273	Exp. -0.03% from 2005 to 2020	23	None.
Area V Males	40	\$243	1,217	Exp. -0.42% from 2005 to 2020	12	None.
Statewide Female	31	\$233	666	Exp. -0.33% from 2005 to 2020	17	None.

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 Juvenile Forecaster [data presentation and analysis package]. Washington, DC: Urban Institute, Justice Policy Center [producer].
 Washington, DC: Office of Juvenile Delinquency and Prevention [distributor].

Notes

Includes youth held pre-disposition at Hickey, Cheltenham, BCJJC, Waxter, Noyes, Carter Center, Lower E. Shore, Western Maryland. Note 1: Forecast scenario assumes no increases in secure detention capacity statewide. Changes are designed to track projections in the ages 10-19 population between 2005 and 2020. Departures from this assumption could occur due to several factors, including unexpected increases in female detention and continued increases in Area I intakes due to rising rates of drug offenses. Note 2: The starting population for Area V was originally 72, but the forecasting committee reduced it to 40 in order to fit known figures for admissions per year and length of stay. Other admission rates were adjusted to fit with length of stay calculations from Chapin Hall assuming current populations are stable.

Substance Abuse Treatment

Year	Area I Males		Area II Males		Area III Males		Area IV Males		Area V Males		Statewide Females		TOTAL ADP			TOTAL COSTS	
	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	Low	Mid	High	Daily	Annual
2004	31	\$5,487	42	\$7,434	64	\$11,328	25	\$4,425	52	\$9,204	34	\$6,018	248	248	248	\$43,896	\$16,022,040
2005	33	\$6,016	43	\$7,839	66	\$12,032	25	\$4,558	55	\$10,027	35	\$6,381	248	257	266	\$46,863	\$17,104,875
2006	36	\$6,760	45	\$8,450	68	\$12,769	26	\$4,882	58	\$10,891	36	\$6,760	263	269	275	\$50,519	\$18,439,301
2007	38	\$7,350	46	\$8,897	70	\$13,539	27	\$5,222	60	\$11,605	37	\$7,156	273	278	283	\$53,774	\$19,627,410
2008	41	\$8,168	47	\$9,363	72	\$14,343	27	\$5,379	64	\$12,750	38	\$7,570	284	289	294	\$57,578	\$21,016,026
2009	44	\$9,028	49	\$10,054	74	\$15,184	28	\$5,745	67	\$13,748	40	\$8,208	298	302	306	\$61,972	\$22,619,720
2010	47	\$9,933	50	\$10,567	76	\$16,062	28	\$5,918	70	\$14,794	41	\$8,665	308	312	316	\$65,944	\$24,069,686
2011	51	\$11,102	52	\$11,320	79	\$17,197	29	\$6,313	74	\$16,109	42	\$9,143	323	327	331	\$71,188	\$25,983,572
2012	54	\$12,108	53	\$11,884	81	\$18,162	29	\$6,502	78	\$17,489	43	\$9,641	334	338	342	\$75,790	\$27,663,272
2013	58	\$13,395	55	\$12,702	84	\$19,399	30	\$6,928	82	\$18,937	45	\$10,393	350	354	358	\$81,758	\$29,841,845
2014	63	\$14,986	57	\$13,559	86	\$20,457	31	\$7,374	86	\$20,457	46	\$10,942	365	369	373	\$87,779	\$32,039,412
2015	67	\$16,416	58	\$14,211	89	\$21,806	31	\$7,595	90	\$22,051	47	\$11,515	379	382	385	\$93,597	\$34,162,755
2016	72	\$18,170	60	\$15,142	91	\$22,965	32	\$8,076	95	\$23,974	49	\$12,366	396	399	402	\$100,695	\$36,753,497
2017	77	\$20,015	62	\$16,116	94	\$24,433	32	\$8,318	100	\$25,993	50	\$12,997	412	415	418	\$107,874	\$39,374,063
2018	83	\$22,221	64	\$17,135	97	\$25,970	33	\$8,835	105	\$28,111	52	\$13,922	431	434	437	\$116,197	\$42,411,948
2019	89	\$24,543	66	\$18,200	100	\$27,576	34	\$9,376	110	\$30,334	53	\$14,615	449	452	455	\$124,647	\$45,496,018
2020	95	\$26,983	68	\$19,314	103	\$29,255	34	\$9,657	116	\$32,948	55	\$15,622	468	471	474	\$133,783	\$48,830,635

Scenario Parameters

Category	Starting Population	Cost per Day	Admissions per Year	Expected Change in Admissions	Length of Stay (Days)	Expected Change in LoS
Area I Males	31	\$177	89	Annual 7% from 2005	128	None.
Area II Males	42	\$177	130	Annual 3% from 2005	118	None.
Area III Males	64	\$177	243	Annual 3% from 2005	96	None.
Area IV Males	25	\$177	87	Annual 2% from 2005	105	None.
Area V Males	52	\$177	183	Annual 5% from 2005	104	None.
Statewide Femal	34	\$177	150	Annual 3% from 2005	83	None.

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 Juvenile Forecaster [data presentation and analysis package]. Washington, DC: Urban Institute, Justice Policy Center [producer].
 Washington, DC: Office of Juvenile Delinquency and Prevention [distributor].

Notes

Includes WDS House, Meadow Mountain, and other per diem treatment facilities in and out of Maryland). Note 1: Some admission rates were adjusted to fit with length of stay estimates calculated by Chapin Hall and to assume current populations are stable.. Note 2: Demand for residential substance abuse treatment is expected to increase statewide, with the greatest increases for youth from Area I. This assumption should be revisited if increased drug court utilization seems to offset some of the expected increase in residential drug treatment.

Treatment

Year	Statewide Populations														TOTAL ADP			TOTAL COSTS	
	TFC Males		TFC Females		TGH Males		TGH Females		RTC Males		RTC Females		Low	Mid	High	Daily	Annual		
	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC	ADP	ADC							
2004	26	\$4,472	12	\$2,064	83	\$18,343	10	\$2,210	229	\$59,540	73	\$18,980	433	433	433	\$105,609	\$38,547,285		
2005	26	\$4,606	13	\$2,303	83	\$18,893	10	\$2,276	235	\$62,933	73	\$19,549	422	440	458	\$110,579	\$40,361,419		
2006	26	\$4,744	13	\$2,372	82	\$19,226	10	\$2,345	230	\$63,442	72	\$19,860	421	433	445	\$112,001	\$40,880,220		
2007	26	\$4,887	13	\$2,443	82	\$19,802	10	\$2,415	221	\$62,788	72	\$20,456	414	424	434	\$112,801	\$41,172,468		
2008	26	\$5,033	13	\$2,517	82	\$20,396	10	\$2,487	211	\$61,745	72	\$21,070	406	414	422	\$113,257	\$41,338,694		
2009	26	\$5,184	13	\$2,592	81	\$20,752	10	\$2,562	201	\$60,584	72	\$21,702	396	403	410	\$113,383	\$41,384,738		
2010	26	\$5,340	13	\$2,670	81	\$21,375	10	\$2,639	191	\$59,297	71	\$22,042	385	392	399	\$113,369	\$41,379,733		
2011	26	\$5,500	13	\$2,750	81	\$22,016	10	\$2,718	188	\$60,116	71	\$22,703	383	389	395	\$115,810	\$42,270,538		
2012	26	\$5,665	13	\$2,832	81	\$22,676	10	\$2,800	187	\$61,590	71	\$23,385	382	388	394	\$118,954	\$43,418,372		
2013	25	\$5,611	13	\$2,917	80	\$23,068	10	\$2,884	186	\$63,099	71	\$24,086	380	385	390	\$121,670	\$44,409,506		
2014	25	\$5,779	13	\$3,005	80	\$23,760	10	\$2,970	186	\$64,992	70	\$24,459	379	384	389	\$124,970	\$45,614,199		
2015	25	\$5,952	13	\$3,095	80	\$24,473	10	\$3,059	186	\$66,942	70	\$25,193	379	384	389	\$128,719	\$46,982,570		
2016	25	\$6,131	13	\$3,188	80	\$25,207	10	\$3,151	186	\$68,950	70	\$25,949	379	384	389	\$132,581	\$48,391,993		
2017	25	\$6,315	13	\$3,284	79	\$25,639	10	\$3,245	186	\$71,018	70	\$26,727	379	383	387	\$136,233	\$49,724,873		
2018	25	\$6,504	13	\$3,382	79	\$26,408	10	\$3,343	186	\$73,149	70	\$27,529	379	383	387	\$140,319	\$51,216,576		
2019	25	\$6,699	13	\$3,484	79	\$27,201	10	\$3,443	186	\$75,343	69	\$27,950	378	382	386	\$144,124	\$52,605,178		
2020	25	\$6,900	13	\$3,588	79	\$28,017	10	\$3,546	186	\$77,604	69	\$28,788	378	382	386	\$148,447	\$54,183,290		

Scenario Parameters

Category	Starting Population	Cost per Day	Admissions per Year	Expected Change in Admissions	Length of Stay (Days)	Expected Change in LoS
TFC Males	26	\$172	48	Exp. -0.33% from 2005 to 2020	199	None.
TFC Females	12	\$172	29	Exp. -0.33% from 2005 to 2020	172	None.
TGH Males	83	\$221	146	Exp. -0.33% from 2005 to 2020	207	None.
TGH Females	10	\$221	29	Exp. -0.33% from 2005 to 2020	127	None.
RTC Males	229	\$260	252	Exp. -5% from 2007 to 2011	346	None.
RTC Females	73	\$260	114	Exp. -0.33% from 2005 to 2020	233	None.

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Notes

Includes youth in TFC (therapeutic foster care), TGH (therapeutic group homes), and RTC (residential treatment centers, including all per diem placements in and out of Maryland). No significant changes are projected other than those changes projected for the age 10-19 population between 2005 and 2020. Note 1: Shifts between categories in this population could occur in the future, but this scenario assumes no significant changes. Note 2: RTC Male population falls 5% annually from 2007 to 2011 as a result of expected expansions of wraparound programming for this population.

Appendix H

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Strategic Plan Assessment Tool

MD DEPARTMENT OF JUVENILE SERVICES

STRATEGIC PLAN RATING TOOL

DIRECTIONS: This tool is designed to rate the MD strategic plan along several dimensions of utility. Please evaluate each objective on a scale of 1 to 5 with 1 being the lowest (poor) and 5 being the highest (excellent). Please mark the number that best reflects your answer.

GOAL 1: DJS SERVES YOUTH IN THE LEAST RESTRICTIVE AND MOST APPROPRIATE ENVIRONMENT

OBJECTIVE 1.1 - REGIONALIZE DETENTION	<i>Poor</i>			<i>Excellent</i>	
1. Is the objective realistic (can it be achieved in the real world)?	1	2	3	4	5
2. Is the objective a valid approach to achieve the goal?	1	2	3	4	5
In what ways, if any, would you change/revise/improve the objective? _____					

STRATEGIES					
3. How effective are the collective strategies in achieving the objective?	1	2	3	4	5
4. Are the collective strategies supported by best practices?	1	2	3	4	5

What strategies, if any, should be added/removed/revised?

Add:

Remove:

Revise (Please specify the revisions):

PERFORMANCE MEASURES

5. Do the collective performance measures accurately gauge the success of each strategy in achieving the objective?

1

2

3

4

5

What measures, if any, should be added/removed/revised?

Add:

Remove:

Revise (Please specify the revisions):

OBJECTIVE 3.2 – EFFECTIVE AFTERCARE AND COMMUNITY SUPERVISION	<i>Poor</i>			<i>Excellent</i>	
1. Is the objective realistic (can it be achieved in the real world)?	1	2	3	4	5
2. Is the objective a valid approach to achieve the goal?	1	2	3	4	5
In what ways, if any, would you change/revise/improve the objective? _____ _____ _____ _____ _____ _____ _____ _____					
STRATEGIES					
3. How effective are the collective strategies in achieving the objective?	1	2	3	4	5
4. Are the collective strategies supported by best practices?	1	2	3	4	5
What strategies, if any, should be added/removed/revised? <i>Add:</i> _____ _____ _____ _____ _____ _____ _____ _____ _____ <i>Remove:</i> _____ _____ _____ _____ _____ _____ _____ _____ _____ <i>Revise (Please specify the revisions):</i> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____					

Appendix I

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Agency Functions by Jurisdiction

TABLE 1: AGENCY FUNCTIONS BY JURISDICTION

State	Prevention	Court Intake	Diversion Programs	Pre-trial Detention	Probation	Juvenile Corrections	Parole	Community Aftercare	Awaiting Placement
AL	X		X			X			
AK		X		X	X	X		X	
AZ						X	X	X	
AR			X			X		X	
CA									
CO				X	X	X	X	X	
CT						X	X	X	X
DE			X	X	X	X		X	
FL	X	X	X		X	X		X	X
GA									
HI	X		X			X	X	X	
ID						X			
IL									
IN						X	X		
IA									
KS	X		X		X	X		X	
KY	X	X		X	X	X		X	X
LA			X		X	X	X	X	
ME	X	X	X	X	X	X	X	X	
MD	X	X	X	X	X	X		X	X
MA	X		X	X		X	X	X	X
MI				X		X		X	
MN					X	X	X	X	
MS									
MO	X		X		X	X	X	X	
MT	X		X			X	X	X	
NE						X	X	X	X
NV						X	X	X	
NH	X	X	X	X	X	X	X	X	X
NJ	X		X			X	X	X	
NM									
NY									
NC	X	X	X	X	X	X	X	X	X
ND						X		X	
OH						X		X	
OK	X	X	X	X	X	X	X	X	X
OR			X		X	X	X	X	
PA						X		X	
PR						X			
RI				X	X	X	X		X
SC	X	X	X	X	X	X	X	X	X
SD	X					X	X	X	
TN					X	X	X	X	X
TX						X	X	X	
UT	X		X	X		X	X	X	
VT	X			X	X	X		X	
VA	X	X	X	X	X	X	X	X	X
WA	X					X	X	X	
WV				X		X		X	
WI						X	X	X	
WY									
TOTAL	20	10	20	17	20	43	27	38	13
	46.5%	23.3%	46.5%	39.5%	46.5%	100.0%	62.8%	88.4%	30.2%

Source: *Juvenile Corrections: A National Perspective 2004 (c) CJCA 2004*

ADDRESSING DISPROPORTIONATE MINORITY CONTACT IN MARYLAND

This Special Report presents considerations for addressing the disproportionate minority contact (DMC) issue in Maryland. No statewide system assessment would be complete without addressing the central issue of disproportionate minority contact. During the transition to a regionalized service delivery system, work can proceed on developing the means to optimize the use of data systems, policies, procedures, management of programs and services, utilizing objective decision making instruments, and training to analyze and address DMC, while ensuring public safety and youth accountability.

Below we recognize the work that has been done in Maryland on DMC; review the changes in requirements mandated by Congress and resultant new procedures announced by OJJDP in 2003 to more accurately measure DMC – the Relative Rate Index (RRI); present an analysis of Maryland’s statewide and principal county data using the RRI; and make several recommendations on ways DJS can further act upon its commitment to address DMC.

ANALYZING DISPROPORTIONATE MINORITY CONTACT IN MARYLAND

In 1995, DJS conducted a study called *The Disproportionate Representation of African-American Youth at Various Decision Points in the State of Maryland: Summary Report*. This study was initiated to examine the nature and extent that disproportionality of African American males existed in the Maryland juvenile justice system, and at which decision points. This study examined the DMC issue within Maryland for fiscal years 1990 through 1992. Due to a lack of data, the study did not control for any qualitative factors, rather it looked only at offense severity and prior offense. The study revealed African American males were disproportionately referred to the Department at intake and also disproportionately represented in more severe dispositions than their white counterparts.

In compliance with Federal requirements of the JJDP Act of 2002, a DMC Plan is prepared and submitted by the Maryland Governor’s Office of Crime Control and Prevention.

In addition, DJS has been working with the Disproportionate Minority Contact Subcommittee of the State Advisory Board for Juvenile Services to analyze DMC issues.

OJJDP REQUIRED PROCEDURES TO MORE ACCURATELY MEASURE DMC – THE RELATIVE RATE INDEX (RRI)

Based upon an analysis of data from the states, OJJDP reported that the disproportionate number of minority youths in the juvenile justice system continues to be a concern.

Studies conducted on disproportionality have revealed that minorities entering the juvenile justice system do so at a higher rate than non-minorities. OJJDP refers to this as disproportionate minority contact (DMC). As a result, in 1992, OJJDP mandated that States, in order to receive Title II Part B Formula Grants, address this issue and raised DMC to the status of a core requirement under the Juvenile Justice and Delinquency Prevention Act (JJDP). During the 2002 reauthorization of the Act, Congress revisited the issue of minority overrepresentation and found that due to the fact that overrepresentation of minority youths in the juvenile justice system had significantly expanded States would now be required to examine over-representation at any point of "contact" with the system.

OJJDP developed the Relative Rate Index (RRI) in 2003 to more accurately measure disproportionate minority contact by States and territories. The RRI is designed as a first step in examining Disproportionate Minority Contact (DMC). This new standard was announced by the OJJDP to the State Representatives and the Juvenile Justice Specialists in July, 2003. (OJJDP Regional Training Meeting in Portland, Oregon. U.S Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, July, 2003). The RRI is used to point to areas for more intensive examination, and to serve as an ongoing set of "vital signs" or an "early warning system" for the management of the juvenile justice system.

The RRI method is a comparison of activity volume involving youth from different racial and ethnic backgrounds within a common time period. It is also a calculation of relative volume by using rates, and it compares rates to identify areas of disproportionate contact.

AN ANALYSIS OF MARYLAND'S STATEWIDE AND PRINCIPAL COUNTY DATA USING THE RRI

As DJS continues to collect detention data and study its populations, it is critical that it begin to take a closer look at the disproportionate number of African American youths entering detention as well as at each decision point in the juvenile justice system.

The following is an analysis of the RRI matrices for Maryland Counties and Statewide Totals.¹

Anne Arundel County

The major group of concern for DMC issues is African-American youth. In the at-risk population, ages 10-17 is the only specific group to meet the 1% threshold for analysis, with African-American youth accounting for just over 16% of the total youth population in that age range.

- **African-American youth:**

¹ This analysis was prepared for DSG, Inc. by DMC expert Dr. William Feyerherm, Portland State University. DMC Plan data for the 2004 Update was provided by the Maryland Governor's Office of Crime Control and Prevention.

- The rate of arrest for African-American youth represents nearly 2.5 times the level of activity compared to White youth. This represents the single largest contributor to DMC, since the court referral rate actually combines the arrest and referral processes. (The referral rate based to arrest for white youth is 25 referrals per 100 arrests, for Black youth it is 36 referrals per 100 arrests, giving a RRI value of 1.44). In order of magnitude of the RRI values, the next area for attention would be placement in secure confinement, with an RRI value of 1.49. Given that the earlier decision points have an impact on a much larger number of youth, and given that changes in the earlier decision points may influence the later decisions, it would appear reasonable to focus efforts in this county on the arrest and referral / diversion issues.
 - In terms of assessment questions related to the arrest decision and recommendations for the next level of inquiry, relevant issues would include areas such as an exploration of whether the arrest offense mix is similar for White and Black youth, whether specific prevention efforts could be targeted effectively at Black youth, whether the deployment patterns of law enforcement resources may contribute to the higher arrest rates, whether there are reasons to expect that African-American youth from neighboring areas are being attracted to some sections of the county, and whether the arrest rate is a function of greater numbers of youth being arrested or of a higher rate of arrests for those African-American youth who are being arrested.
 - In terms of assessment questions for the court referral / diversion issue, it would be advisable to conduct an inventory of alternative options to court referral – focused on such issues as the geographic location and proximity to minority populations, the utilization rates for diversion alternatives, the entry criteria and whether those might include decision criteria that would inadvertently disadvantage Black youth, and the relative success rates for White, African-American and other clients.
- **Other/Mixed:**
 Although these youth account for nearly 5% of the total at-risk youth population in the county, they have an arrest rate that is quite low, and they tend to be under-represented until the stage of detention. This under-representation may be a function of identification and record keeping issues, rather than really reflecting a much lower rate of offenses and arrests. While that issue might be interesting to explore and could be part of a larger issue of sensitizing officials to the nuances of racial and cultural identity, it does not appear that it should be a primary emphasis in terms of addressing DMC in the county.

Baltimore County

African-American youth constitute approximately 27% of the at-risk youth population for the county. “Other / mixed” youth constitute an additional 5-6% of the at-risk youth.

- **African-American Youth:**

- The level of arrest activity related to Black youth is 103 arrests per 1,000 youth, which is nearly 2.5 times higher than the rate of 42 arrests per 1,000 youth in the White population. Once arrested, the rate of court referrals is 48 court referrals per 100 arrests for White youth ($100 * 1194 / 2488$), and is 58 referrals per 100 arrests for Black youth, resulting in a RRI value of 1.21. Thus, the primary contributor to DMC in the county is the activity that leads to the arrest decision. Beyond the arrest decision, the referral / diversion decision generates some additional disproportionate contact, and the detention decision generates some, although compared to other counties nationally, the RRI value for detention is relatively low.
- In terms of assessment activity for the arrest decision point, the recommendations mirror those for Anne Arundel county – the next steps should involve examination of items which might contribute to the higher rate of arrest activity among African-American youth, including the relative offense mix for white and African-American youth, the availability and efficacy of prevention programs, the relative deployment of law enforcement resources, and potential alternatives to arrest.

- **Other/Mixed youth:**

- As indicated in the RRI matrix, there are no instances in which other youth are subject to DMC issues in the county – the only numeric value which exceeds 1.00 is for diversion programs, indicating that this group of youth accesses diversion programs at a higher rate than white youth.

Montgomery County

African-American youth constitute 15% of the at-risk youth and ‘other/ mixed’ youth constitute 23% of the county population between the ages of 10-17.

- **African-American youth:**

- These youth are substantially over-represented in the arrest activity in this county, with an arrest RRI value of 4.48, indicating that the arrest activity is 4 ½ times higher for this group than for white youth. In part, however, this is due to the fact that compared with other Maryland counties, Montgomery has a relatively low arrest rate for white youth. Other elements of DMC present in the county for African-American youth include the court referral process (and its reciprocal, the diversion process), as well as the detention process. In terms of court referral, based

on the set of youth arrested, white youth have a court referral rate of 28.6 court referrals per 100 arrests, compared to the rate of 40.6 for African-American youth. This produces a RRI value of 1.42 when the court referral process is examined in the context of the arrest rates. Beyond that, for white youth referred to court there is a detention activity rate of 15.91 per 100, while for African-American youth that rate is 24.07, producing a RRI value of 1.51; in other words the rate of detention activity is one and one half times higher than for white youth.

- In terms of assessment and other next steps, the examination of arrest activity should proceed along the lines suggested above for Anne Arundel and Baltimore counties, with an additional emphasis on understanding what law enforcement officers use as alternatives to arrest for white youth. This may mean examination of the arrest practices in varying parts of the county, whether those are formalized subdivisions or geographic areas that may reflect residential separation of youth. Beyond the consideration of arrest and court referral / diversion processes, it appears appropriate to consider the advisability of examining the detention process in Montgomery County. This could follow the JDAI model developed by the Annie E. Casey Foundation, which considers such areas as the availability of alternatives to detention, the criteria by which the detention decision is made, and the ongoing monitoring of the detention process to maintain a philosophy of detaining those youth who truly need to be detained.

- **Other/Mixed youth:**

- Arrest rates for this group are relatively similar to those for the White youth population (RRI = 1.05). When taken in the context of these arrests, the rate of referral to court is somewhat higher for this group than for white youth. Whereas white youth who are arrested generate 28.6 court referrals per 100 arrests, the 'other / mixed' group generated 36.1 court referrals per 100 arrests. This difference generates a RRI value of 1.27. Corresponding to this use of court referral is a relatively lower use of diversion, yielding a RRI value of .71. Also notable is the higher use of detention, although in this instance the rate is based on detention activity involving 29 youth across the entire year, leading to some concerns about whether the rate is actually different from 1.00 – indeed the test of statistical significance does not support differentiating the value of 1.17 from 1.00
- Next steps for this group should focus on the availability and use of diversion programs – an inventory of such programs, their location, their utilization, their intake criteria and relative efficacy would be in order.

Prince George's County

African American youth constitute 69% of the at-risk youth population in this county. An additional 11% of youth fit into the ‘other / mixed’ category, leaving 20% of the youth as white.

- **African American youth:**
 - In terms of stages in the juvenile justice system, the greatest the degree of DMC is introduced at the arrest stage in Prince George’s County. The level of arrest activity is roughly double for African-American youth as compared to white youth. In part, however, this is attributable to a relatively low rate of arrest activity involving white youth. In terms of the court referral process, taken in the context of arrest activity white youth generate 22.5 court referrals per 100 arrests, while African-American youth generate 33.6 court cases (RRI value 1.49). Correspondingly, the rates of diversion are lower for African-American youth, with an RRI value of .85. Again, the detention value appears worth noting, but is not statistically significant, indicating in this case that the estimates of detention use for white youth are based on such a small number of events that the difference in detention rates cannot be reliably distinguished from equity.
 - In terms of assessment issues and next steps, the RRI values indicate that attention needs to be placed on the early stages of the system arrest and diversion / court referral. Suggestion for this examination would not differ from those provided above for other counties.

Baltimore City

As with Prince George’s County, the large majority of youth in the age range 10-17 are identified as minority youth (80% of the total youth, 77% of youth are African-American, 3% are in the ‘other/mixed’ group)

- For African-American youth, the rate of arrest constituted 110 per 1,000 youth for minority youth, compared to a rate of 40 per 1,000 for white youth. This yields a measure of over-representation of 2.75 – indicating that the rate of arrest is approaching 3 times higher for minority youth. Unlike other counties in which this appeared in part attributable to a low arrest rate for white youth, the arrest rate for white youth in Baltimore is roughly comparable to other rates in the State, indicating that indeed the arrest rate for minority youth is relatively high. Taking into account the arrest rates, minority youth and white youth generate relatively the same levels of court referrals (68.7 per 100 arrests for white youth and 70.4 court referrals for Black youth).
- In addition to differences in arrest rates, there are also significant differences between the detention rates for white and African-American youth – with a RRI value of 1.66 the rate of detentions is approaching two times higher for minority youth. Proceeding through the justice system, there are also significant differences in the rate of delinquent findings, a relatively unusual finding in terms of the national picture related to DMC. Since we do not have information on the

number of youth for whom charges are actually filed, the differences in rate of delinquent findings may be a function of charging decisions. It may also be a function of a relatively small number of white youth who actually went to court and a relatively low rate of delinquency findings for this group of white youth. It should be noted however that for both white and minority youth the rate of delinquent findings is markedly lower in Baltimore City than the corresponding rates for the State as a whole.

- In terms of next steps, the focus in Baltimore City could focus on the arrest process, but also on the detention processes (as noted in Prince George’s County) and to explore the apparent differences between the rates of delinquent findings in the city as compared to the remainder of the State.

Following our recommendations at the end of this chapter are four charts demonstrating this analysis: Figure 1 - DMC Baltimore City Analysis; Figure 2 – DMC Baltimore Minority Groups; Figure 3 – Relative Rate Index Compared with White Juveniles; and Figure 4 – Population Based Relative Rate Index Values.

Statewide Analysis

Approximately 32% of youth in the age range 10-17 are African –American and another 9% are in the ‘other/mixed’ category.

African-American:

- Statewide, African-American youth generate nearly twice the level of arrest activity as white youth. (RRI = 1.93) Moreover, once arrested, they are more likely to generate court referrals, with a court referral rate of 52 per 100 arrests compared to a court referral rate of 32 per 100 arrests for white youth. Once in the juvenile court system, the rate of detention activity is likewise higher, with a rate of 33 detention actions per 100 court referrals, compared with 22 per 100 for white youth
- These Statewide figures, however, are an aggregate of the actions at the local level, and are best seen in the context of those local actions. The following tables present three aspects of those local actions: the arrest, the court referral after arrest and the detention decision.

County	Arrest Rates (per 1000 population)			RRI (compared to white youth)	
	White	Black	Other	Black	Other
Anne Arundel	50.3	127.7	19.3	2.54	.38
Baltimore County	42.4	102.8	12.1	2.42	.28
Baltimore City	40.1	110.0	41.2	2.75	1.03
Montgomery	14.9	66.8	15.7	4.48	1.05
Prince George’s	16.9	36.2	---	2.14	----
Statewide	42.5	81.9	18.1	1.93	.43

In terms of the arrest numbers, several items come to attention. First, arrest is consistently an issue for African-American youth, but not for other minority youth. This suggests, among other things, that state level attention to prevention issues for African-American youth may be warranted. However, it is also clear that the rate of arrest varies markedly across the State – the rate of arrest for African-American youth in Montgomery and Prince George’s Counties comes close to the arrest rate for white youth in some of the other counties. Second, the State RRI value is smaller than any of the county values, since most of the minority youth in the State reside in these two counties in which the overall arrest rates are lower. The range of arrest rates suggests that there may be differences in community options available for police in lieu of arrest, and that those differences should be examined to determine if options are used or available in some jurisdictions that might be usefully disseminated to other localities.

County	Detention Rates (per 100 court cases)			RRI (compared to white youth)	
	White	Black	Other	Black	Other
Anne Arundel	18.4	23.7	38.1	1.3	2.1
Baltimore County	18.8	20.7	15.4	1.1	.82
Baltimore City	20.8	34.6	29.4	1.66	1.42
Montgomery	15.9	24.1	18.6	1.5	1.2
Prince George’s	43.9	53.2	---	1.2	---
Statewide	21.9	33.3	28.2	1.5	1.3

With respect to detention rates, it may be noted that detention variations are not a large DMC issue in Baltimore County (although they are in Baltimore city),. Moreover, with the exception of Baltimore County, over-representation in detention appears to be an issue in each of the other counties. It is however secondary in magnitude compared to the over-representation evident in the arrest information.

County	Court Referral Rates (per 100 arrests)			RRI (compared to white youth)	
	White	Black	Other	Black	Other
Anne Arundel	25.1	36.3	31.8	1.45	1.27
Baltimore County	48.0	57.9	42.6	1.21	.89
Baltimore City	68.7	70.4	60.0	1.03	.87
Montgomery	28.6	40.6	36.1	1.42	1.27
Prince George’s	22.5	33.6	----	1.49	----
Statewide	31.8	51.9	38.3	1.63	1.20

RECOMMENDATIONS ON WAYS TO ADDRESS DMC

Below we make several recommendations on ways DJS can further act upon its commitment to address DMC:

Recommendations: The variation in rates of referral to court suggests that there are considerable variations across the State with respect to the availability of diversion alternatives. While some of that variability may be attributable to resource differences, it is likely that some jurisdictions have found ways to construct diversion programs that might be appropriately shared with other jurisdictions, without significant resource infusions. It is recommended that, given this variety, DJS should undertake a statewide inventory of diversion programs and their use, followed by a working conference in which that information was shared across policy makers from the various counties, with the objective being to encourage the development of additional diversion resources in each community.

It is recommended that the Department, through the Disproportionate Minority Contact Sub-Committee of the State Advisory Board for Juvenile Services, place special emphasis on this issue. It is imperative that the Department examines the current manner in which race is collected and update ASSIST to include the approved U.S. Census Bureau race categories. DJS must also assess DMC at each decision point to determine the rate at which disproportionality is occurring so that the appropriate policies and programs can be put into place.

BALTIMORE CITY ANALYSIS

State: Maryland
County: Baltimore City

Reporting Period: FY 2002 - June 1,
through July 31, 2002

	Total Youth	Race					Ethnicity			Other	
		White	Black or African-American	Hispanic or Latino	Asian	Hawaiian or other Pacific Islanders	American Indian or Alaska Native	Other	Mixed	Yes	No
1. Population at risk (age 10 through 17)	74,176	15,057	57,056								2,063
2. Juvenile Youth Arrests, i.e., Referrals to DJS	6,965	603	6,277								85
3. Youth Referred to Juvenile Court	4,883	414	4,418								51
4. Youth Diverted - Not Referred to Juvenile Court	2,082	189	1,859								34
5. Youth Involving Secure Detention	1,628	86	1,527								15
6. Youth Petitioned (Charge Filed)											
7. Youth Resulting in Delinquent Findings	1,583	99	1,576								8
8. Youth resulting in Probation Placement	1,888	147	1,726								15
9. Youth Resulting in Confinement in Secure Juvenile Correctional Facilities	725	54	666								5
10. Youth Transferred to Adult Court											

Meets 1% rule?
release 1/02/04

DATA SOURCES: DJS ASSIST for all data except for 10-17 years of age population, which is obtained from Vital Statistics of DDMH.

1. AREA REPORTED

State : Maryland
 County: Baltimore City

2. MINORITY GROUP:

All Minorities

Reporting Period: FY 2002 - June 1, 2001
 through July 31, 2002

Data Items	Total Number of White Youth	Rate of Occurrence - White Youth	Total Number of Minority Youth	Rate of Occurrence - Minority Youth	Relative Rate Index	Statistically Significant? (p<.05)
1. Population at risk (age 10 through 17)	15,057		59,119			
2. Juvenile Youth Arrests, i.e., Referrals to	603	40.05	6,362	107.61	2.69	Yes
3. Youth Referred to Juvenile Court	414	27.50	4,469	75.59	2.75	Yes
4. Youth Diverted - Not Referred to Juvenile	189	45.65	1,893	42.36	0.93	No
5. Youth Involving Secure Detention	86	20.77	1,542	34.50	1.66	Yes
6. Youth Petitioned (Charge Filed)	-	0.00	-	0.00	---	-
7. Youth Resulting in Delinquent Findings	99	23.91	1,584	35.44	1.48	Yes
8. Youth resulting in Probation Placement	147	148.48	1,741	109.91	0.74	Yes
9. Youth Resulting in Confinement in Secure Juvenile Correctional Facilities	54	54.55	671	42.36	0.78	Yes
10. Youth Transferred to Adult Court	-	0.00	-	0.00	---	-

release 1/02/04

Relative Rate Index Compared with White Juveniles

Reporting Period: FY 2002 - June 1, 2001
through July 31, 2002

State : Maryland
County: Baltimore City

	Black or African-American	Hispanic or Latino	Asian	Native Pacific Islanders	American Indian or Alaska Native	Other/Mixed	All Minorities
2. Juvenile Arrests	2.75	---	---	---	---	1.03	2.69
3. Refer to Juvenile Court	2.82	---	---	---	---	0.90	2.75
4. Cases Diverted	0.92	---	---	---	---	1.46	0.93
5. Cases Involving Secure Detention	1.66	---	---	---	---	1.42	1.66
6. Cases Petitioned	---	---	---	---	---	---	---
7. Cases Resulting in Delinquent Findings	1.49	---	---	---	---	0.66	1.48
8. Cases resulting in Probation Placement	0.74	---	---	---	---	1.26	0.74
9. Cases Resulting in Confinement in Secure Juvenile Correctional Facilities	0.77	---	---	---	---	1.15	0.78
10. Cases Transferred to Adult Court	---	---	---	---	---	---	---
Group meets 1% threshold?	Yes	No	No	No	No	No	Yes

Population Based Relative Rate Index Values

Reporting Period: FY 2002 - June 1, 2001
through July 31, 2002

State : Maryland
County: Baltimore City

	White	Black or African-American	Hispanic or Latino	Asian	Native Pacific Islanders	Other/Alaska Native	All Mixed Minorities
2. Juvenile Arrests	1.00	2.75	--	--	--	1.03	2.69
3. Refer to Juvenile Court	1.00	2.82	--	--	--	0.90	2.75
4. Cases Diverted	1.00	2.60	--	--	--	1.31	2.55
5. Cases Involving Secure Detention	1.00	4.69	--	--	--	1.27	4.57
6. Cases Petitioned	--	--	--	--	--	--	--
7. Cases Resulting in Delinquent Findings	1.00	4.20	--	--	--	0.59	4.08
8. Cases resulting in Probation Placement	1.00	3.10	--	--	--	0.74	3.02
9. Cases Resulting in Confinement in Secure Juvenile Correctional Facilities	1.00	3.25	--	--	--	0.68	3.16
10. Cases Transferred to Adult Court	--	--	--	--	--	--	--

Group meets 1% threshold?

Yes

No

No

No

Yes

AREA REPORTED

State : **Maryland**

**Reporting Period: FY 2002 - July 1, 2002
through June 30, 2002**

	Total Youth	White	Black or African-American		Hispanic or Latino	Asian	Native Hawaiian or other Pacific Islanders	American Indian or Alaska Native	Other/ Mixed	All Minorities
			American	Latino						
1. Population at risk (age 10 through 17)	670,870	397,717	212,183						60,970	273,153
2. Juvenile Youth Arrests, i.e., Referrals to DJS	35,377	16,895	17,380						1,102	18,482
3. Youth Referred to Juvenile Court	14,820	5,373	9,025						422	9,447
4. Youth Diverted, i.e., not Diverted to Juvenile Court	20,557	11,522	8,355						680	9,035
5. Youth Involving Secure Detention	4,301	1,176	3,006						119	3,125
6. Youth Petitioned (Charge Filed)										0
7. Youth Resulting in Delinquent Findings	8,451	3,521	4,679						251	4,930
8. Youth resulting in Probation Placement	7,491	3,285	3,991						215	4,206
9. Youth Resulting in Confinement in Secure Correctional Facilities	2,815	1,008	1,727						80	1,807
10. Youth Transferred to Adult Court										0
Meets 1% rule?		Yes	Yes	No	No	No	No	No	Yes	Yes

release 1/02/04

DATA SOURCES: DJS ASSIST for all data except for 10-17 years of age population, which is obtained from Vital Statistics of DHMH.

- Item 1:
- Item 2:
- Item 3:
- Item 4:
- Item 5:
- Item 6:
- Item 7:
- Item 8:
- Item 9:
- Item 10:

1. AREA REPORTED

State : Maryland

2. MINORITY GROUP:

Black or African-American

Reporting Period: FY 2002 - July 1, 2002 Jan / 2002
through June 30, 2002

Data Items	Total Number of White Youth	Rate of Occurrence - White Youth	Total Number of Minority Youth	Rate of Occurrence - Minority Youth	Relative Rate Index	Statistically Significant? (p<.05)
1. Population at risk (age 10 through 17)	397,717		212,183			
2. Juvenile Youth Arrests, i.e., Referrals to	16,895	42.48	17,380	81.91	1.93	Yes
3. Youth Referred to Juvenile Court	5,373	13.51	9,025	42.53	3.15	Yes
4. Youth Diverted, i.e., not Diverted to	11,522	214.44	8,355	92.58	0.43	Yes
5. Youth Involving Secure Detention	1,176	21.89	3,006	33.31	1.52	Yes
6. Youth Petitioned (Charge Filed)	-		-		---	-
7. Youth Resulting in Delinquent Findings	3,521	65.53	4,679	51.84	0.79	Yes
8. Youth resulting in Probation Placement	3,285	93.30	3,991	85.30	0.91	Yes
9. Youth Resulting in Confinement in Secure Juvenile Correctional Facilities	1,008	28.63	1,727	36.91	1.29	Yes
10. Youth Transferred to Adult Court	-		-		---	-

release 1/02/04

Definitions of rates:

Recommended Base

	Base Used
2. Juveniles Arrested - rate per 1000 population	per 1000 youth
3. Referrals to Juvenile Court - rate per 1000 population	per 1000 youth
4. Juveniles Diverted before adjudication - rate per 100 referrals	per 100 referrals
5. Juveniles Detained - rate per 100 referrals	per 100 referrals
6. Juveniles Petitioned - rate per 100 referrals	per 100 referrals
7. Juveniles found to be delinquent - rate per 100 youth petitioned (charged)	per 100 arrests
8. Juveniles placed on probation - rate per 100 youth found delinquent	per 100 youth found delinquent
9. Juveniles placed in secure correctional facilities - rate per 100 youth found delinquent	per 100 youth found delinquent
10. Juveniles transferred to adult court - rate per 100 youth petitioned	per 100 arrests

1. AREA REPORTED

State : Maryland

2. MINORITY GROUP:

Other/ Mixed

Reporting Period: FY 2002 - July 1, 2002 Jan / 2002
through June 30, 2002

Data Items	Total Number of White Youth	Rate of Occurrence - White Youth	Total Number of Minority Youth	Rate of Occurrence - Minority Youth	Relative Rate Index	Statistically Significant? (p<.05)
1. Population at risk (age 10 through 17)	397,717		60,970			
2. Juvenile Youth Arrests, i.e., Referrals to	16,895	42.48	1,102	18.07	0.43	Yes
3. Youth Referred to Juvenile Court	5,373	13.51	422	6.92	0.51	Yes
4. Youth Diverted, i.e., not Diverted to	11,522	214.44	680	161.14	0.75	Yes
5. Youth Involving Secure Detention	1,176	21.89	119	28.20	1.29	Yes
6. Youth Petitioned (Charge Filed)	-	0.00	-	0.00	---	-
7. Youth Resulting in Delinquent Findings	3,521	65.53	251	59.48	0.91	Yes
8. Youth resulting in Probation Placement	3,285	93.30	215	85.66	0.92	Yes
9. Youth Resulting in Confinement in Secure Juvenile Correctional Facilities	1,008	28.63	80	31.87	1.11	No
10. Youth Transferred to Adult Court	-	0.00	-	0.00	---	-

release 1/02/04

Definitions of rates:

Recommended Base

	Base Used
2. Juveniles Arrested - rate per 1000 population	per 1000 youth
3. Referrals to Juvenile Court - rate per 1000 population	per 1000 youth
4. Juveniles Diverted before adjudication - rate per 100 referrals	per 100 referrals
5. Juveniles Detained - rate per 100 referrals	per 100 referrals
6. Juveniles Petitioned - rate per 100 referrals	per 100 referrals
7. Juveniles found to be delinquent - rate per 100 youth petitioned (charged)	per 100 arrests
8. Juveniles placed on probation - rate per 100 youth found delinquent	per 100 youth found delinquent
9. Juveniles placed in secure correctional facilities - rate per 100 youth found delinquent	per 100 youth found delinquent
10. Juveniles transferred to adult court - rate per 100 youth petitioned	per 100 arrests

1. AREA REPORTED

State : Maryland

2. MINORITY GROUP:

All Minorities

Reporting Period: FY 2002 - July 1, 2002 Jan / 2002
through June 30, 2002

Data Items	Total Number of White Youth	Rate of Occurrence - White Youth	Total Number of Minority Youth	Rate of Occurrence - Minority Youth	Relative Rate Index	Statistically Significant? (p<.05)
1. Population at risk (age 10 through 17)	397,717		273,153			
2. Juvenile Youth Arrests, i.e., Referrals to	16,895	42.48	18,482	67.66	1.59	Yes
3. Youth Referred to Juvenile Court	5,373	13.51	9,447	34.59	2.56	Yes
4. Youth Diverted, i.e., not Diverted to	11,522	214.44	9,035	95.64	0.45	Yes
5. Youth Involving Secure Detention	1,176	21.89	3,125	33.08	1.51	Yes
6. Youth Petitioned (Charge Filed)	-	0.00	-	0.00	---	-
7. Youth Resulting in Delinquent Findings	3,521	65.53	4,930	52.19	0.80	Yes
8. Youth resulting in Probation Placement	3,285	93.30	4,206	85.31	0.91	Yes
9. Youth Resulting in Confinement in Secure Juvenile Correctional Facilities	1,008	28.63	1,807	36.65	1.28	Yes
10. Youth Transferred to Adult Court	-	0.00	-	0.00	---	-

release 1/02/04

Definitions of rates:

Recommended Base

	Base Used
2. Juveniles Arrested - rate per 1000 population	per 1000 youth
3. Referrals to Juvenile Court - rate per 1000 population	per 1000 youth
4. Juveniles Diverted before adjudication - rate per 100 referrals	per 100 referrals
5. Juveniles Detained - rate per 100 referrals	per 100 referrals
6. Juveniles Petitioned - rate per 100 referrals	per 100 referrals
7. Juveniles found to be delinquent - rate per 100 youth petitioned (charged)	per 100 arrests
8. Juveniles placed on probation - rate per 100 youth found delinquent	per 100 youth found delinquent
9. Juveniles placed in secure correctional facilities - rate per 100 youth found delinquent	per 100 youth found delinquent
10. Juveniles transferred to adult court - rate per 100 youth petitioned	per 100 arrests

Relative Rate Index Compared with White Juveniles

Reporting Period: FY 2002 - July 1, 2002 Jan / 2002
 through June 30, 2002

State : Maryland

	Black or African-American	Hispanic or Latino	Asian	Native			All Minorities
				Hawaiian or other Pacific Islanders	American Indian or Alaska Native	Other/Mixed	
2. Juvenile Arrests	1.93	---	---	---	---	0.43	1.59
3. Refer to Juvenile Court	3.15	---	---	---	---	0.51	2.56
4. Cases Diverted	0.43	---	---	---	---	0.75	0.45
5. Cases Involving Secure Detention	1.52	---	---	---	---	1.29	1.51
6. Cases Petitioned	---	---	---	---	---	---	---
7. Cases Resulting in Delinquent Findings	0.79	---	---	---	---	0.91	0.80
8. Cases resulting in Probation Placement	0.91	---	---	---	---	0.92	0.91
9. Cases Resulting in Confinement in Secure Juvenile Correctional Facilities	1.29	---	---	---	---	1.11	1.28
10. Cases Transferred to Adult Court	---	---	---	---	---	---	---
Group meets 1% threshold?	Yes	No	No	No	No	No	Yes

Population Based Relative Rate Index Values

Reporting Period: FY 2002 - July 1, 2002 Jan / 2002
through June 30, 2002

State : Maryland

	White	Black or African-American	Hispanic or Latino	Asian	Native Pacific Islanders	Alaska Native	Other/Mixed	All Minorities
2. Juvenile Arrests	1.00	1.93	--	--	--	--	0.43	1.59
3. Refer to Juvenile Court	1.00	3.15	--	--	--	--	0.51	2.56
4. Cases Diverted	1.00	1.36	--	--	--	--	0.38	1.14
5. Cases Involving Secure Detention	1.00	4.79	--	--	--	--	0.66	3.87
6. Cases Petitioned	--	--	--	--	--	--	--	--
7. Cases Resulting in Delinquent Findings	1.00	2.49	--	--	--	--	0.47	2.04
8. Cases resulting in Probation Placement	1.00	2.28	--	--	--	--	0.43	1.86
9. Cases Resulting in Confinement in Secure Juvenile Correctional Facilities	1.00	3.21	--	--	--	--	0.52	2.61
10. Cases Transferred to Adult Court	--	--	--	--	--	--	--	--
Group meets 1% threshold?		Yes	No	No	No	No	No	Yes

release 1/02/04

ANNE ARUNDEL COUNTY DMC ANALYSIS

AREA REPORTED

State : Maryland
County: Anne Arundel County

Reporting Period: FY 2002 - June 1,
 through July 31, 2002

	Total Youth	White			Black or African-American		Hispanic or Latino	Asian	Native Hawaiian or other Pacific Islanders			American Indian or Alaska Native	Other/Mixed	All Minorities
		White	Black or African-American	Hispanic or Latino	Asian	Native Hawaiian or other Pacific Islanders			American Indian or Alaska Native	Other/Mixed	All Minorities			
1. Population at risk (age 10 through 17)	59,600	46,536	9,641									3,423		13,064
2. Juvenile Youth Arrests, i.e., Referrals to DJS	3,636	2,339	1,231									66		1,297
3. Youth Referred to Juvenile Court	1,055	587	447									21		468
4. Youth Diverted - Not Referred to Juvenile Court	2,581	1,752	784									45		829
5. Youth Involving Secure Detention	222	108	106									8		114
6. Youth Petitioned (Charge Filed)														0
7. Youth Resulting in Delinquent Findings	621	352	255									14		269
8. Youth resulting in Probation Placement	569	334	221									14		235
9. Youth Resulting in Confinement in Secure Juvenile Correctional Facilities	181	85	92									4		96
10. Youth Transferred to Adult Court														0
Meets 1% rule?		Yes	Yes	No	No	No	No	No	No	No	No	Yes	Yes	

release 1/02/04

DATA SOURCES: DJS ASSIST for all data except for 10-17 years of age population, which is obtained from Vital Statistics of DHMH.

1. AREA REPORTED

State : Maryland
 County: Anne Arundel County

2. MINORITY GROUP:

Black or African-American

Reporting Period: FY 2002 - June 1, 2001
 through July 31, 2002

Data Items	Total Number of White Youth	Rate of Occurrence - White Youth	Total Number of Minority Youth	Rate of Occurrence - Minority Youth	Relative Rate Index	Statistically Significant? (p<.05)
1. Population at risk (age 10 through 17)	46,536		9,641			
2. Juvenile Youth Arrests, i.e., Referrals to	2,339	50.26	1,231	127.68	2.54	Yes
3. Youth Referred to Juvenile Court	587	12.61	447	46.36	3.68	Yes
4. Youth Diverted - Not Referred to Juvenile	1,752	298.47	784	175.39	0.59	Yes
5. Youth Involving Secure Detention	108	18.40	106	23.71	1.29	Yes
6. Youth Petitioned (Charge Filed)	-	-	-	-	---	-
7. Youth Resulting in Delinquent Findings	352	59.97	255	57.05	0.95	No
8. Youth resulting in Probation Placement	334	94.89	221	86.67	0.91	Yes
9. Youth Resulting in Confinement in Secure Juvenile Correctional Facilities	85	24.15	92	36.08	1.49	Yes
10. Youth Transferred to Adult Court	-	-	-	-	---	-

1. AREA REPORTED

State : Maryland
 County: Anne Arundel County

2. MINORITY GROUP:

Other/ Mixed

Reporting Period: FY 2002 - June 1, 2001
 through July 31, 2002

Data Items	Total Number of White Youth	Rate of Occurrence - White Youth	Total Number of Minority Youth	Rate of Occurrence - Minority Youth	Relative Rate Index	Statistically Significant? (p<.05)
1. Population at risk (age 10 through 17)	46,536		3,423			
2. Juvenile Youth Arrests, i.e., Referrals to	2,339	50.26	66	19.28	0.38	Yes
3. Youth Referred to Juvenile Court	587	12.61	21	6.13	0.49	Yes
4. Youth Diverted - Not Referred to Juvenile	1,752	298.47	45	214.29	0.72	No
5. Youth Involving Secure Detention	108	18.40	8	38.10	2.07	Yes
6. Youth Petitioned (Charge Filed)	-	0.00	-	0.00	---	-
7. Youth Resulting in Delinquent Findings	352	59.97	14	66.67	1.11	No
8. Youth resulting in Probation Placement	334	94.89	14	100.00	1.05	No
9. Youth Resulting in Confinement in Secure Juvenile Correctional Facilities	85	24.15	4	28.57	1.18	No
10. Youth Transferred to Adult Court	-	0.00	-	0.00	---	-

1. AREA REPORTED

State : Maryland
 County: Anne Arundel County

2. MINORITY GROUP:

All Minorities

Reporting Period: FY 2002 - June 1, 2001
 through July 31, 2002

Data Items	Total Number of White Youth	Rate of Occurrence - White Youth	Total Number of Minority Youth	Rate of Occurrence - Minority Youth	Relative Rate Index	Statistically Significant? (p<.05)
1. Population at risk (age 10 through 17)	46,536		13,064			
2. Juvenile Youth Arrests, i.e., Referrals to	2,339	50.26	1,297	99.28	1.98	Yes
3. Youth Referred to Juvenile Court	587	12.61	468	35.82	2.84	Yes
4. Youth Diverted - Not Referred to Juvenile	1,752	298.47	829	177.14	0.59	Yes
5. Youth Involving Secure Detention	108	18.40	114	24.36	1.32	Yes
6. Youth Petitioned (Charge Filed)	-	0.00	-	0.00	---	-
7. Youth Resulting in Delinquent Findings	352	59.97	269	57.48	0.96	No
8. Youth resulting in Probation Placement	334	94.89	235	87.36	0.92	Yes
9. Youth Resulting in Confinement in Secure Juvenile Correctional Facilities	85	24.15	96	35.69	1.48	Yes
10. Youth Transferred to Adult Court	-	0.00	-	0.00	---	-

release 1/02/04

Relative Rate Index Compared with White Juveniles

Reporting Period: FY 2002 - June 1, 2001
through July 31, 2002

State : Maryland

County: Anne Arundel County

	Black or African-American	Hispanic or Latino	Asian	Native Hawaiian or other Pacific Islanders	American Indian or Alaska Native	Other/Mixed	All Minorities
2. Juvenile Arrests	2.54	---	---	---	---	0.38	1.98
3. Refer to Juvenile Court	3.68	---	---	---	---	0.49	2.84
4. Cases Diverted	0.59	---	---	---	---	0.72	0.59
5. Cases Involving Secure Detention	1.29	---	---	---	---	2.07	1.32
6. Cases Petitioned	---	---	---	---	---	---	---
7. Cases Resulting in Delinquent Findings	0.95	---	---	---	---	1.11	0.96
8. Cases resulting in Probation Placement	0.91	---	---	---	---	1.05	0.92
9. Cases Resulting in Confinement in Secure Juvenile Correctional Facilities	1.49	---	---	---	---	1.18	1.48
10. Cases Transferred to Adult Court	---	---	---	---	---	---	---
Group meets 1% threshold?	Yes	No	No	No	No	No	Yes

Population Based Relative Rate Index Values

Reporting Period: FY 2002 - June 1, 2001
through July 31, 2002

State : Maryland
County: Anne Arundel County

	Native									
	White	Black or African-American	Hispanic or Latino	Asian	Pacific Islanders	Indian or Alaska Native	Hawaiian American	Other/Mixed	All Minorities	
2. Juvenile Arrests	1.00	2.54	--	--	--	--	0.38	1.98		
3. Refer to Juvenile Court	1.00	3.68	--	--	--	--	0.49	2.84		
4. Cases Diverted	1.00	2.16	--	--	--	--	0.35	1.69		
5. Cases Involving Secure Detention	1.00	4.74	--	--	--	--	1.01	3.76		
6. Cases Petitioned	--	--	--	--	--	--	--	--		
7. Cases Resulting in Delinquent Findings	1.00	3.50	--	--	--	--	0.54	2.72		
8. Cases resulting in Probation Placement	1.00	3.19	--	--	--	--	0.57	2.51		
9. Cases Resulting in Confinement in Secure Juvenile Correctional Facilities	1.00	5.22	--	--	--	--	0.64	4.02		
10. Cases Transferred to Adult Court	--	--	--	--	--	--	--	--		
Group meets 1% threshold?		Yes	No	No	No	No	No	Yes		

BALTIMORE COUNTY ANALYSIS

AREA REPORTED

State : Maryland
 County: Baltimore County

Reporting Period: FY 2002 - June 1,
 through July 31, 2002

	Total Youth		White		Black or African-American		Hispanic or Latino		Asian		Native Hawaiian or other Pacific Islanders		American Indian or Alaska Native		Other/Mixed		All Minorities	
1. Population at risk (age 10 through 17)	87,514	58,673	23,786													5,055	28,841	
2. Juvenile Youth Arrests, i.e., Referrals to DJS	4,993	2,488	2,444													61	2,505	
3. Youth Referred to Juvenile Court	2,634	1,194	1,414													26	1,440	
4. Youth Diverted - Not Referred to Juvenile Court	2,359	1,294	1,030													35	1,065	
5. Youth Involving Secure Detention	520	224	292													4	296	
6. Youth Petitioned (Charge Filed)																	0	
7. Youth Resulting in Delinquent Findings	1,129	518	600													11	611	
8. Youth resulting in Probation Placement	1,142	668	463													11	474	
9. Youth Resulting in Confinement in Secure Juvenile Correctional Facilities	378	196	180													2	182	
10. Youth Transferred to Adult Court																	0	
Meets 1% rule?				Yes	Yes	No	No	No	No	No	No	No	No	No	No	Yes	Yes	

release 1/02/04

DATA SOURCES: DJS ASSIST for all data except for 10-17 years of age population, which is obtained from Vital Statistics of DHMH.

1. AREA REPORTED

State : Maryland
 County: Baltimore County

2. MINORITY GROUP:

Black or African-American

Reporting Period: FY 2002 - June 1, 2001
 through July 31, 2002

Data Items	Total Number of White Youth	Rate of Occurrence - White Youth	Total Number of Minority Youth	Rate of Occurrence - Minority Youth	Relative Rate Index	Statistically Significant? (p<.05)
1. Population at risk (age 10 through 17)	58,673		23,786			
2. Juvenile Youth Arrests, i.e., Referrals to	2,488	42.40	2,444	102.75	2.42	Yes
3. Youth Referred to Juvenile Court	1,194	20.35	1,414	59.45	2.92	Yes
4. Youth Diverted - Not Referred to Juvenile	1,294	108.38	1,030	72.84	0.67	Yes
5. Youth Involving Secure Detention	224	18.76	292	20.65	1.10	No
6. Youth Petitioned (Charge Filed)	-	-	-	-	---	-
7. Youth Resulting in Delinquent Findings	518	43.38	600	42.43	0.98	No
8. Youth resulting in Probation Placement	668	128.96	463	77.17	0.60	Yes
9. Youth Resulting in Confinement in Secure Juvenile Correctional Facilities	196	37.84	180	30.00	0.79	Yes
10. Youth Transferred to Adult Court	-	-	-	-	---	-

1. AREA REPORTED

State : Maryland
 County: Baltimore County

2. MINORITY GROUP: Other/ Mixed

Reporting Period: FY 2002 - June 1, 2001
 through July 31, 2002

Data Items	Total Number of White Youth	Rate of Occurrence - White Youth	Total Number of Minority Youth	Rate of Occurrence - Minority Youth	Relative Rate Index	Statistically Significant? (p<.05)
1. Population at risk (age 10 through 17)	58,673		5,055			
2. Juvenile Youth Arrests, i.e., Referrals to	2,488	42.40	61	12.07	0.28	Yes
3. Youth Referred to Juvenile Court	1,194	20.35	26	5.14	0.25	Yes
4. Youth Diverted - Not Referred to Juvenile	1,294	108.38	35	134.62	1.24	Yes
5. Youth Involving Secure Detention	224	18.76	4	15.38	0.82	No
6. Youth Petitioned (Charge Filed)	-	0.00	-	0.00	---	-
7. Youth Resulting in Delinquent Findings	518	43.38	11	42.31	0.98	No
8. Youth resulting in Probation Placement	668	128.96	11	100.00	0.78	No
9. Youth Resulting in Confinement in Secure Juvenile Correctional Facilities	196	37.84	2	18.18	0.48	No
10. Youth Transferred to Adult Court	-	0.00	-	0.00	---	-

1. AREA REPORTED

State : Maryland
 County: Baltimore County

2. MINORITY GROUP:

All Minorities

Reporting Period: FY 2002 - June 1, 2001
 through July 31, 2002

Data Items	Total Number of White Youth	Rate of Occurrence - White Youth	Total Number of Minority Youth	Rate of Occurrence - Minority Youth	Relative Rate Index	Statistically Significant? (p<.05)
1. Population at risk (age 10 through 17)	58,673		28,841			
2. Juvenile Youth Arrests, i.e., Referrals to	2,488	42.40	2,505	86.86	2.05	Yes
3. Youth Referred to Juvenile Court	1,194	20.35	1,440	49.93	2.45	Yes
4. Youth Diverted - Not Referred to Juvenile	1,294	108.38	1,065	73.96	0.68	Yes
5. Youth Involving Secure Detention	224	18.76	296	20.56	1.10	No
6. Youth Petitioned (Charge Filed)	-	0.00	-	0.00	---	-
7. Youth Resulting in Delinquent Findings	518	43.38	611	42.43	0.98	No
8. Youth resulting in Probation Placement	668	128.96	474	77.58	0.60	Yes
9. Youth Resulting in Confinement in Secure Juvenile Correctional Facilities	196	37.84	182	29.79	0.79	Yes
10. Youth Transferred to Adult Court	-	0.00	-	0.00	---	-

Relative Rate Index Compared with White Juveniles

Reporting Period: FY 2002 - June through July 31, 2002

State : Maryland

County: Baltimore County

	Black or African-American	Hispanic or Latino	Asian	Hawaiian or other Pacific Islanders	American Indian or Alaska Native
2. Juvenile Arrests	2.42	---	---	---	---
3. Refer to Juvenile Court	2.92	---	---	---	---
4. Cases Diverted	0.67	---	---	---	---
5. Cases Involving Secure Detention	1.10	---	---	---	---
6. Cases Petitioned	---	---	---	---	---
7. Cases Resulting in Delinquent Findings	0.98	---	---	---	---
8. Cases resulting in Probation Placement	0.60	---	---	---	---
9. Cases Resulting in Confinement in Secure Juvenile Correctional Facilities	0.79	---	---	---	---
10. Cases Transferred to Adult Court	---	---	---	---	---
Group meets 1% threshold?	Yes	No	No	No	No

Population Based Relative Rate Index Values

Reporting Period: FY 2002 - June 1, 2001
through July 31, 2002

State : Maryland
County: Baltimore County

	White	Black or African-American	Hispanic or Latino	Asian	Native Pacific Islanders	Alaska Native	Other/ Mixed	All Minorities
2. Juvenile Arrests	1.00	2.42	--	--	--	--	0.28	2.05
3. Refer to Juvenile Court	1.00	2.92	--	--	--	--	0.25	2.45
4. Cases Diverted	1.00	1.96	--	--	--	--	0.31	1.67
5. Cases Involving Secure Detention	1.00	3.22	--	--	--	--	0.21	2.69
6. Cases Petitioned	--	--	--	--	--	--	--	--
7. Cases Resulting in Delinquent Findings	1.00	2.86	--	--	--	--	0.25	2.40
8. Cases resulting in Probation Placement	1.00	1.71	--	--	--	--	0.19	1.44
9. Cases Resulting in Confinement in Secure Juvenile Correctional Facilities	1.00	2.27	--	--	--	--	0.12	1.89
10. Cases Transferred to Adult Court	--	--	--	--	--	--	--	--
Group meets 1% threshold?	Yes	No	No	No	No	No	No	Yes

MONTGOMERY COUNTY ANALYSIS

AREA REPORTED

State : Maryland
 County: Montgomery County

Reporting Period: FY 2002 - July 1, 2001
 through June 30, 2002

	Total Youth	White	African-American	Hispanic or Latino	Asian	Hawaiian or other	Indian or Alaska	Other/ Mixed	All Minorities
1. Population at risk (age 10 through 17)	117,663	72,251	17,903					27,509	45,412
2. Juvenile Youth Arrests, i.e., Referrals to DJS	2,705	1,078	1,196					431	1,627
3. Youth Referred to Juvenile Court	950	308	486					156	642
4. Youth Diverted, i.e. not Diverted to Juvenile Court	1,755	770	710					275	985
5. Youth Involving Secure Detention	195	49	117					29	146
6. Youth Petitioned (Charge Filed)									0
7. Youth Resulting in Delinquent Findings	622	214	309					99	408
8. Youth resulting in Probation Placement	597	219	289					89	378
9. Youth Resulting in Confinement in Secure Correctional Facilities	209	66	115					28	143
10. Youth Transferred to Adult Court									0

Meets 1% rule?
 release 1/02/04

DATA SOURCES: DJS ASSIST for all data except for 10-17 years of age population, which is obtained from Vital Statistics of DHMH.

2. MINORITY GROUP: Black or African-American

1. AREA REPORTED
 AREA REPORTED
 State : Maryland

Reporting Period: FY 2002 - July 1, 2001
 through June 30, 2002

Data Items	Total Number of White Youth	Rate of Occurrence - White Youth	Total Number of Minority Youth	Rate of Occurrence - Minority Youth	Relative Rate Index	Statistically Significant? (p<.05)
1. Population at risk (age 10 through 17)	72,251		17,903			
2. Juvenile Youth Arrests, i.e., Referrals to	1,078	14.92	1,196	66.80	4.48	Yes
3. Youth Referred to Juvenile Court	308	4.26	486	27.15	6.37	Yes
4. Youth Diverted, i.e, not Diverted to Juvenile	770	250.00	710	146.09	0.58	Yes
5. Youth Involving Secure Detention	49	15.91	117	24.07	1.51	Yes
6. Youth Petitioned (Charge Filed)	-	-	-	-	---	-
7. Youth Resulting in Delinquent Findings	214	69.48	309	63.58	0.92	No
8. Youth resulting in Probation Placement	219	102.34	289	93.53	0.91	Yes
9. Youth Resulting in Confinement in Secure Juvenile Correctional Facilities	66	30.84	115	37.22	1.21	No
10. Youth Transferred to Adult Court	-	-	-	-	---	-

1. AREA REPORTED

AREA REPORTED
State : Maryland

2. MINORITY GROUP: Other/ Mixed

Reporting Period: FY 2002 - July 1, 2001
through June 30, 2002

Data Items	Total Number of White Youth	Rate of Occurrence - White Youth	Total Number of Minority Youth	Rate of Occurrence - Minority Youth	Relative Rate Index	Statistically Significant? (p<.05)
1. Population at risk (age 10 through 17)	72,251		27,509			
2. Juvenile Youth Arrests, i.e., Referrals to	1,078	14.92	431	15.67	1.05	No
3. Youth Referred to Juvenile Court	308	4.26	156	5.67	1.33	Yes
4. Youth Diverted, i.e, not Diverted to Juvenile	770	250.00	275	176.28	0.71	Yes
5. Youth Involving Secure Detention	49	15.91	29	18.59	1.17	No
6. Youth Petitioned (Charge Filed)	-	0.00	-	0.00	---	-
7. Youth Resulting in Delinquent Findings	214	69.48	99	63.46	0.91	No
8. Youth resulting in Probation Placement	219	102.34	89	89.90	0.88	Yes
9. Youth Resulting in Confinement in Secure Juvenile Correctional Facilities	66	30.84	28	28.28	0.92	No
10. Youth Transferred to Adult Court	-	0.00	-	0.00	----	-

1. AREA REPORTED

AREA REPORTED

State : Maryland

2. MINORITY GROUP:

All Minorities

Reporting Period: FY 2002 - July 1, 2001
through June 30, 2002

Data Items	Total Number of White Youth	Rate of Occurrence - White Youth	Total Number of Minority Youth	Rate of Occurrence - Minority Youth	Relative Rate Index	Statistically Significant? (p<.05)
1. Population at risk (age 10 through 17)	72,251		45,412			
2. Juvenile Youth Arrests, i.e., Referrals to	1,078	14.92	1,627	35.83	2.40	Yes
3. Youth Referred to Juvenile Court	308	4.26	642	14.14	3.32	Yes
4. Youth Diverted, i.e. not Diverted to Juvenile	770	250.00	985	153.43	0.61	Yes
5. Youth Involving Secure Detention	49	15.91	146	22.74	1.43	Yes
6. Youth Petitioned (Charge Filed)	-	0.00	-	0.00	---	-
7. Youth Resulting in Delinquent Findings	214	69.48	408	63.55	0.91	No
8. Youth resulting in Probation Placement	219	102.34	378	92.65	0.91	Yes
9. Youth Resulting in Confinement in Secure Juvenile Correctional Facilities	66	30.84	143	35.05	1.14	No
10. Youth Transferred to Adult Court	-	0.00	-	0.00	---	-

Relative Rate Index Compared with White Juveniles

Reporting Period: FY 2002 - July 1, 2001
through June 30, 2002

AREA REPORTED

State: Maryland

	Native						All Minorities
	Black or African- American	Hispanic or Latino	Asian	Hawaiian or other Pacific Islanders	American Indian or Alaska Native	Other/ Mixed	
2. Juvenile Arrests	4.48	---	---	---	---	1.05	2.40
3. Refer to Juvenile Court	6.37	---	---	---	---	1.33	3.32
4. Cases Diverted	0.58	---	---	---	---	0.71	0.61
5. Cases Involving Secure Detention	1.51	---	---	---	---	1.17	1.43
6. Cases Petitioned	---	---	---	---	---	---	---
7. Cases Resulting in Delinquent Findings	0.92	---	---	---	---	0.91	0.91
8. Cases resulting in Probation Placement	0.91	---	---	---	---	0.88	0.91
9. Cases Resulting in Confinement in Secure Juvenile Correctional Facilities	1.21	---	---	---	---	0.92	1.14
10. Cases Transferred to Adult Court	---	---	---	---	---	---	---
Group meets 1% threshold?	Yes	No	No	No	No	No	Yes

Population Based Relative Rate Index Values

Reporting Period: FY 2002 - July 1, 2001
through June 30, 2002

AREA REPORTED

State : Maryland

	White	Black or African-American	Hispanic American or Latino	Asian	Native Pacific Islanders	Hawaiian American or other	Alaska Native	Other/ Mixed	All Minorities
2. Juvenile Arrests	1.00	4.48	--	--	--	--	--	1.05	2.40
3. Refer to Juvenile Court	1.00	6.37	--	--	--	--	--	1.33	3.32
4. Cases Diverted	1.00	3.72	--	--	--	--	--	0.94	2.04
5. Cases Involving Secure Detention	1.00	9.64	--	--	--	--	--	1.55	4.74
6. Cases Petitioned	--	--	--	--	--	--	--	--	--
7. Cases Resulting in Delinquent Findings	1.00	5.83	--	--	--	--	--	1.22	3.03
8. Cases resulting in Probation Placement	1.00	5.33	--	--	--	--	--	1.07	2.75
9. Cases Resulting in Confinement in Secure Juvenile Correctional Facilities	1.00	7.03	--	--	--	--	--	1.11	3.45
10. Cases Transferred to Adult Court	--	--	--	--	--	--	--	--	--
Group meets 1% threshold?		Yes	No	No	No	No	No	No	Yes

PRINCE GEORGE'S COUNTY ANALYSIS

AREA REPORTED

State : Maryland

County: Prince George's County

Reporting Period: FY 2002 - July 1, 2001
through June 30, 2002

	Total Youth	Black or African-American				Hispanic or Latino		Asian		Native			
		White	American	or other Pacific Islanders	or Alaska Native	Hawaiian or other Pacific Islanders	American Indian or Alaska Native	No	Yes	No	Yes	No	
1. Population at risk (age 10 through 17)	105,844	21,498	72,952										
2. Juvenile Youth Arrests, i.e., Referrals to DJS	3,143	364	2,642										
3. Youth Referred to Juvenile Court	1,034	82	889										
4. Youth Diverted, i.e., not Referred to Juvenile Court	2,109	282	1,753										
5. Youth Involving Secure Detention	541	36	473										
6. Youth Petitioned (Charge Filed)													
7. Youth Resulting in Delinquent Findings	1,095	103	951										
8. Youth resulting in Probation Placement	520	49	451										
9. Youth Resulting in Confinement in Secure Correctional Facilities	367	38	306										
10. Youth Transferred to Adult Court													

Meets 1% rule?

release 1/02/04

DATA SOURCES: DJS ASSIST for all data except for 10-17 years of age population, which is obtained from Vital Statistics of DHMH.

2. MINORITY GROUP: Black or African-American

1. AREA REPORTED

AREA REPORTED

State : Maryland

Reporting Period: FY 2002 - July 1, 2001
through June 30, 2002

Data Items	Total Number of White Youth	Rate of Occurrence - White Youth	Total Number of Minority Youth	Rate of Occurrence - Minority Youth	Relative Rate Index	Statistically Significant? (p<.05)
1. Population at risk (age 10 through 17)	21,498		72,952			
2. Juvenile Youth Arrests, i.e., Referrals to	364	16.93	2,642	36.22	2.14	Yes
3. Youth Referred to Juvenile Court	82	3.81	889	12.19	3.19	Yes
4. Youth Diverted, i.e, not Referred to Juvenile	282	343.90	1,753	197.19	0.57	Yes
5. Youth Involving Secure Detention	36	43.90	473	53.21	1.21	No
6. Youth Petitioned (Charge Filed)	-	-	-	-	---	-
7. Youth Resulting in Delinquent Findings	103	125.61	951	106.97	0.85	Yes
8. Youth resulting in Probation Placement	49	47.57	451	47.42	1.00	No
9. Youth Resulting in Confinement in Secure Juvenile Correctional Facilities	38	36.89	306	32.18	0.87	No
10. Youth Transferred to Adult Court	-	-	-	-	---	-